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(54) **METHODS OF USING AN ANTIBODY TO INHIBIT WNT-MEDIATED SIGNALING IN CANCER**

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(60) Provisional application No. 61/480,218, filed on Apr. 28, 2011.

(51) **Int. Cl.**

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**A61P 35/00** (2006.01)

**C07K 16/28** (2006.01)

**C07K 16/30** (2006.01)

**A61K 45/06** (2006.01)

**A61N 5/10** (2006.01)

**A61K 39/00** (2006.01)

(52) **U.S. Cl.**

CPC ..... **C07K 16/30** (2013.01); **A61K 39/3955** (2013.01); **A61K 39/39558** (2013.01); **A61K 45/06** (2013.01); **A61N 5/10** (2013.01); **C07K 16/2863** (2013.01); **A61K 2039/505** (2013.01); **A61N 2005/1098** (2013.01); **C07K 2317/33** (2013.01); **C07K 2317/76** (2013.01)

(58) **Field of Classification Search**

None

See application file for complete search history.

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(57) **ABSTRACT**

The present invention is directed to monoclonal antibodies and fragments thereof directed to LRP5/6 that find use in the prevention and treatment of cardiac remodeling and cancer. Also disclosed are methods for using such monoclonal antibodies in the prevention and treatment of such diseases.

**18 Claims, 13 Drawing Sheets**

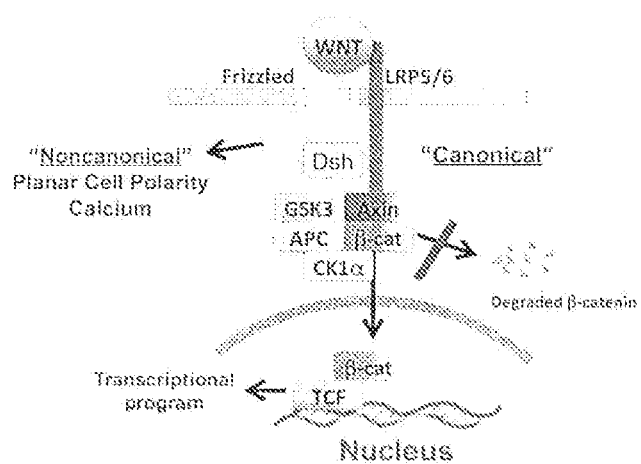


FIG. 1

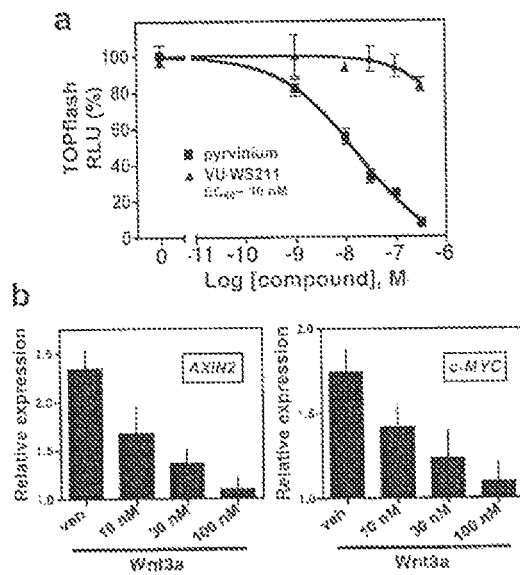


FIG. 2A-B

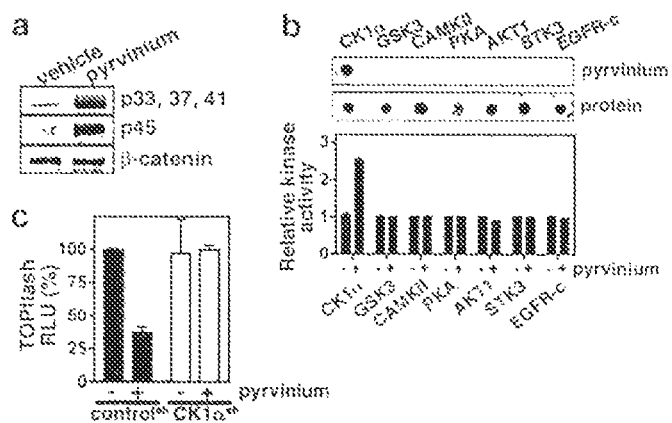


FIG. 3A-C

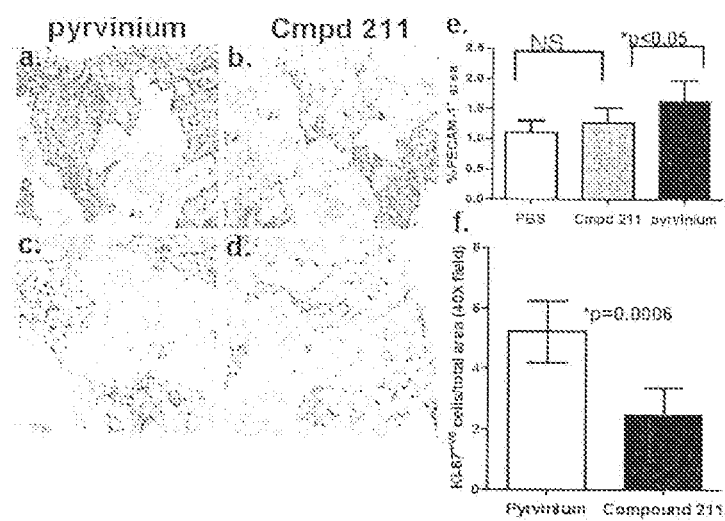


FIG. 4A-F

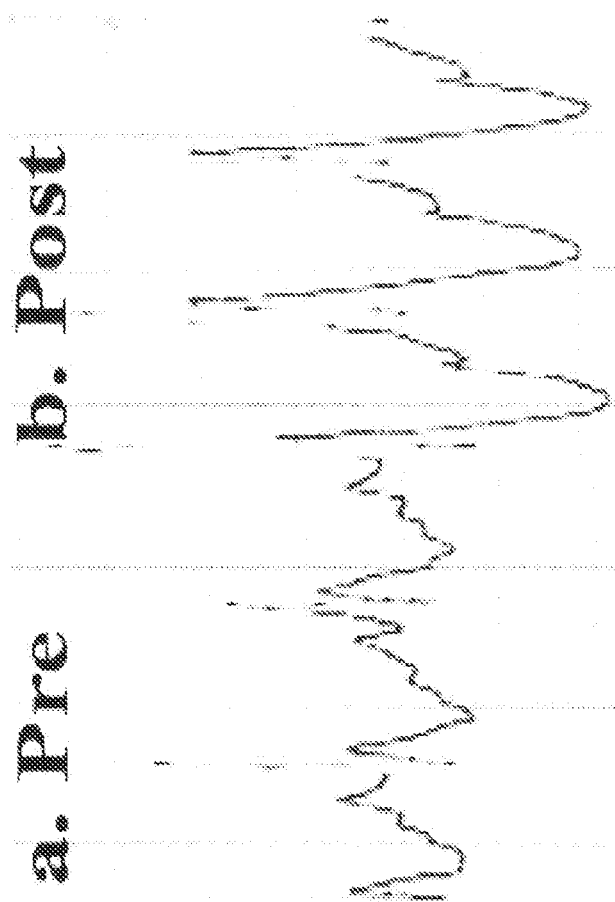


FIG. 5A-B

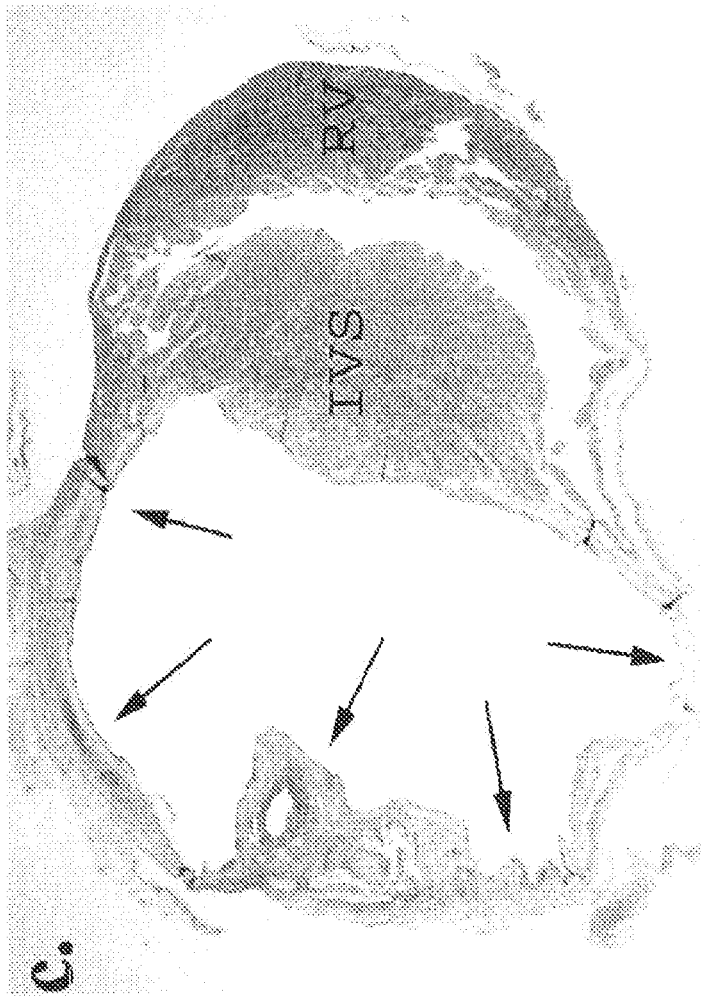


FIG. 5C

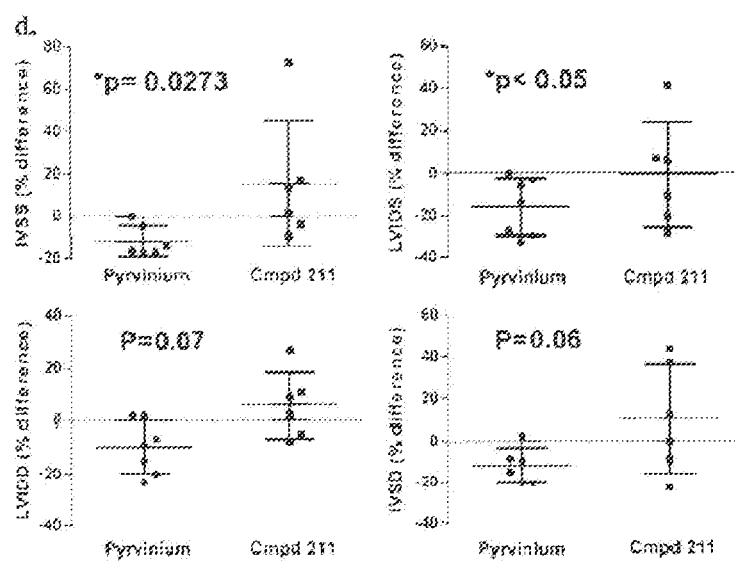
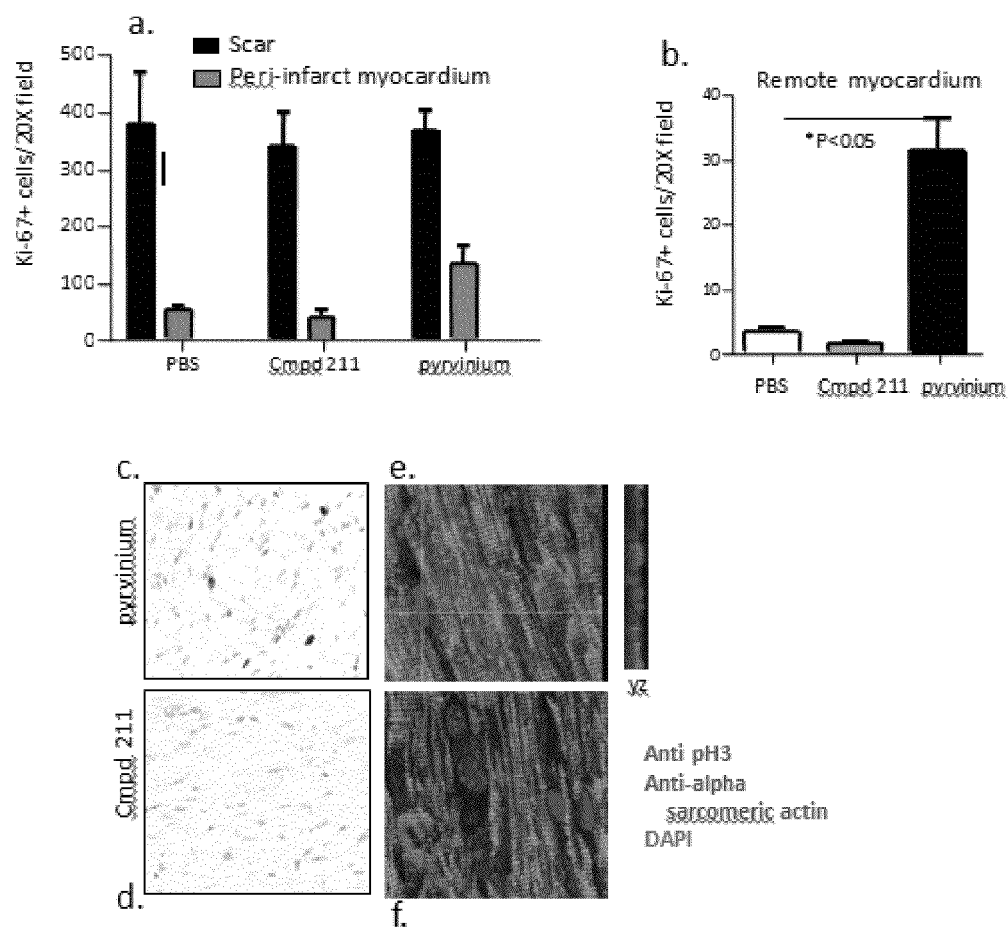


FIG. 5D





FIGS. 6A-F

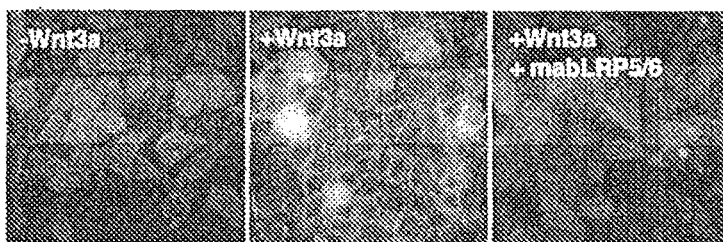
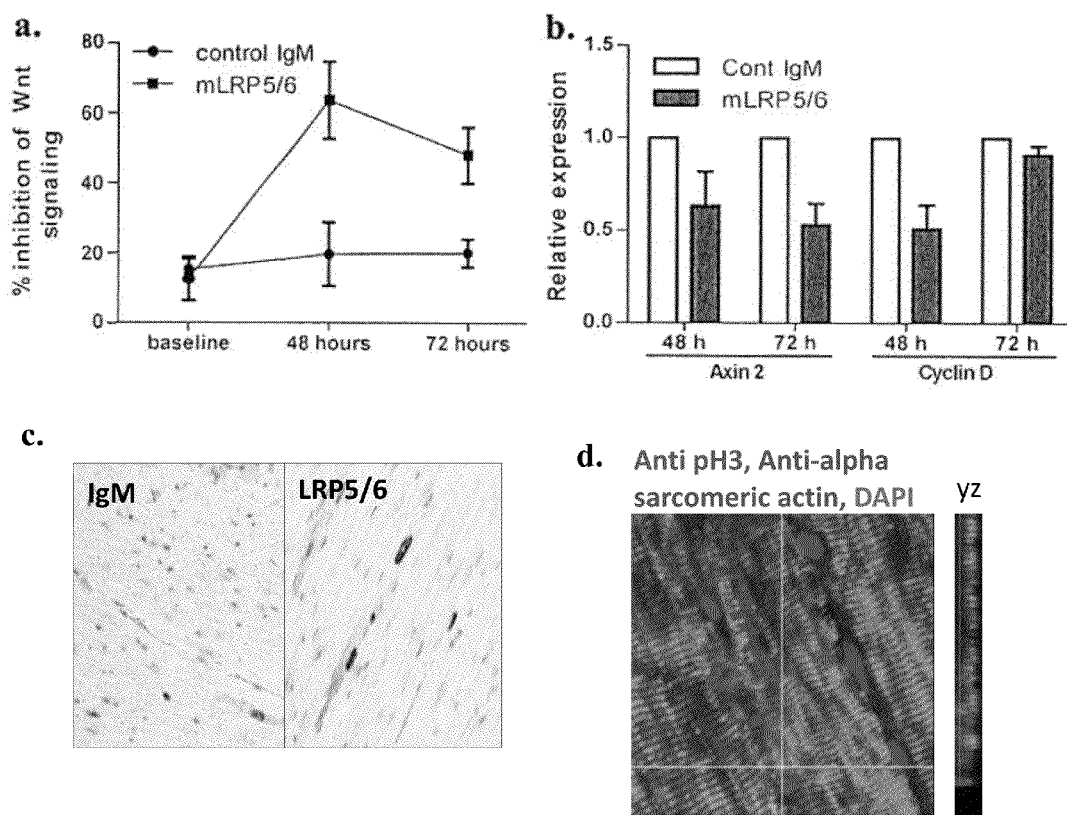


FIG. 7



FIGS. 8A-D

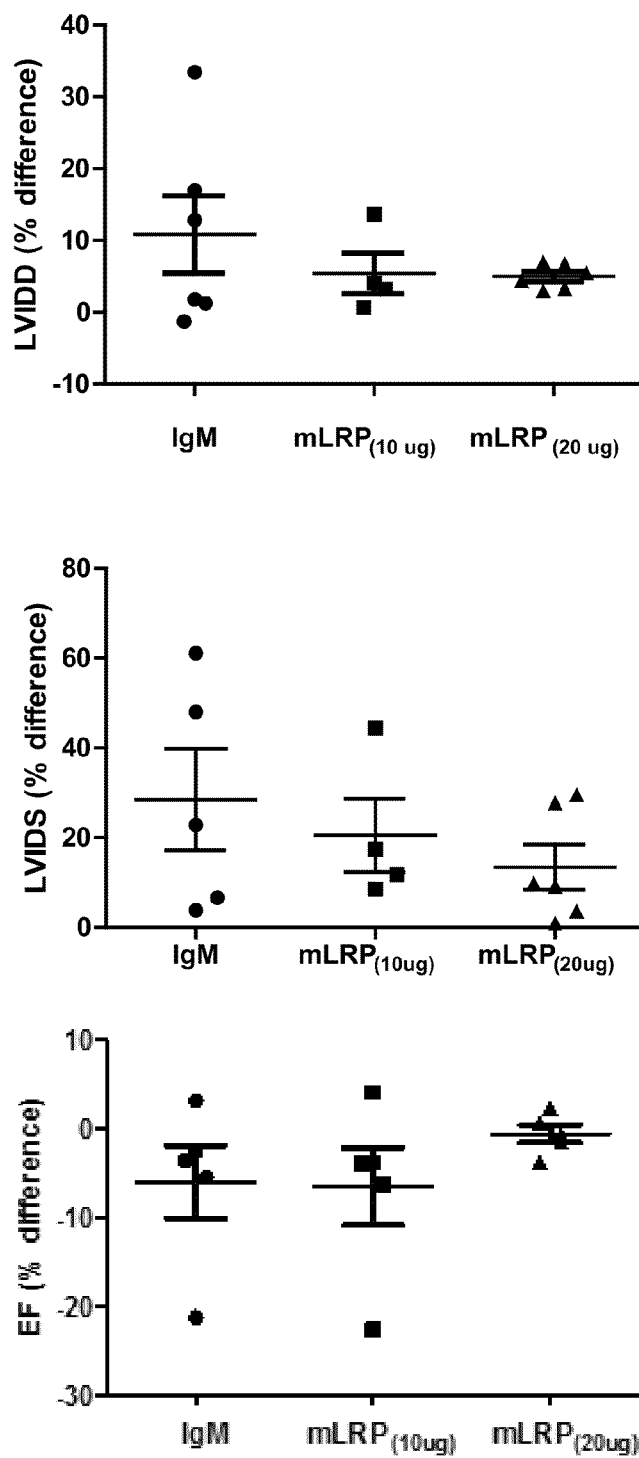


FIG. 9

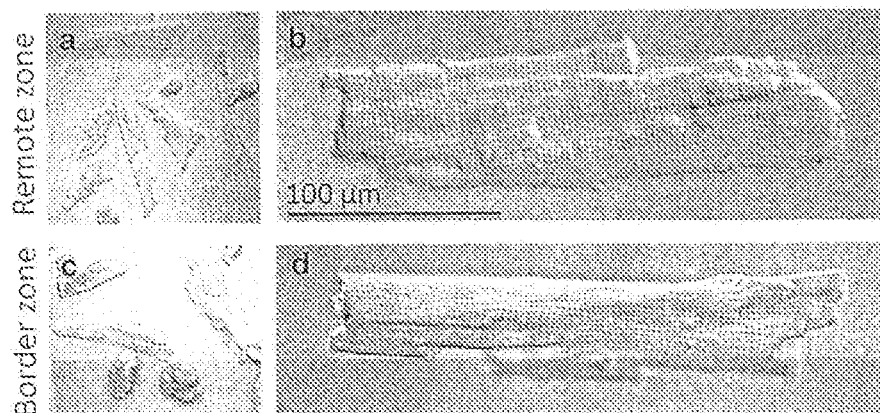


FIG. 10A-D

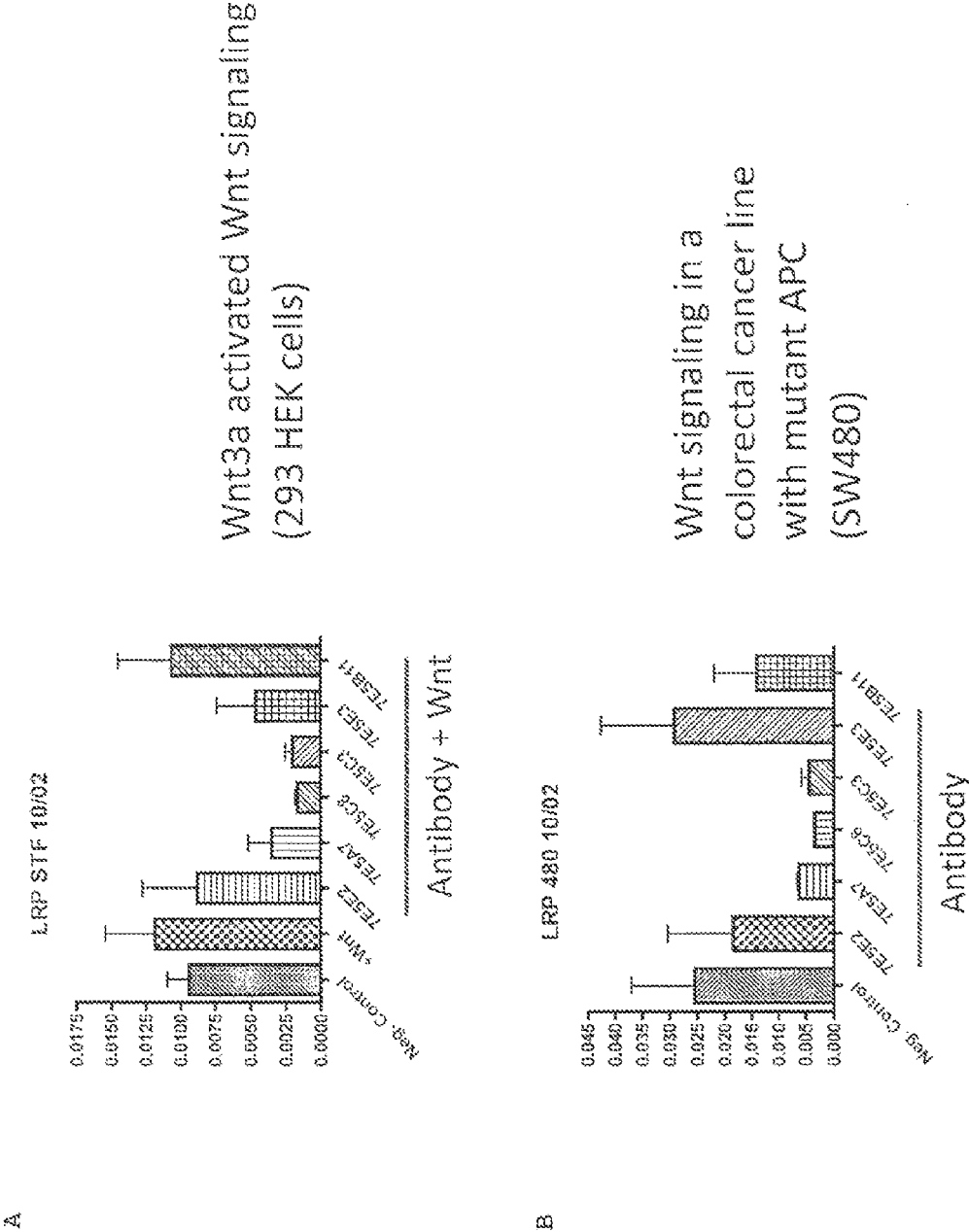


FIG. 11A-B

## METHODS OF USING AN ANTIBODY TO INHIBIT WNT-MEDIATED SIGNALING IN CANCER

This application is a continuation of U.S. patent application Ser. No. 13/460,242, filed Apr. 30, 2012, now U.S. Pat. No. 8,790,650, which claims benefit of priority to U.S. Ser. No. 61/480,218, filed Apr. 28, 2011, the entire contents of each of which are hereby incorporated by reference.

This invention was made with government support under grant number 5RO1 GM081635-03 and 5RO1 HL088424-02, both awarded by the National Institutes of Health. The government has certain rights in the invention.

### BACKGROUND OF THE INVENTION

#### 1. Field of the Invention

The present invention relates generally to the fields of molecular biology, oncology and cardiology. More particularly, it concerns the development of monoclonal antibodies to LRP5/6 and for their use in the treatment of cardiovascular disease and cancer.

#### 2. Background of the Invention

Myocardial infarction (MI) is a leading cause of disability and death. Each year, ~900,000 Americans experience a MI (American Heart Association, 2003; Topol, 2003). The management of patients with a healing MI includes revascularization during the first hours following infarction. The infarct injury affects the heart globally and induces a process termed "ventricular remodeling" that affects size, shape and function of the heart; this process is strongly linked with progression to heart failure and, ultimately, to morbidity and mortality. In fact, post-infarct remodeling, rather than hypertension and valvular disease, is currently considered to be the most common cause of heart failure (HF) (Id.).

The wound healing observed after MI parallels that seen in other tissues (Holmes et al., 2005; Buja and Entman, 1998; Cleutjens et al., 1999). The first phase is characterized by myocyte death (Holmes et al., 2005; Buja and Entman, 1998; Cleutjens et al., 1999). This process evokes an inflammatory response with disruption of the collagen network and deposition of granulation tissue (Tyagi et al., 1996). The altered post-infarct hemodynamics, in combination with its associated chemokine milieu, result in molecular changes in cardiomyocytes, fibroblasts and endothelial cells that lead to unfavorable remodeling through poorly-defined mechanisms.

After injury, myocyte numbers decrease (American Heart Association, 2003; Topol, 2003). It is well established that there is a direct correlation between the irreversible loss of cardiomyocytes and progression of cardiac dysfunction, adverse remodeling and eventual failure (American Heart Association, 2003; Topol, 2003; Cleutjens et al., 1999). Current therapies have reduced early mortality following MI but fail to address the primary cause of impaired function, the loss of myocytes (Topol, 2003; Sharpe, 2004; Sutton and Sharpe, 2000). Two strategies are being intensely investigated: stem cell transplantation and induction of myocyte proliferation.

Cardiomyocytes exit the cell cycle shortly after birth, and the adult mammalian heart is considered incapable of regeneration after injury (van Amerongen and Engel, 2008). In non-mammalian models (i.e. zebrafish) studies have demonstrated that lost myocardial tissue can be replenished by differentiation and proliferation of differentiated cardiomyocytes (Kikuchi et al., 2010; Jopling et al., 2010). There are several lines of evidence that support the hypothesis that induction of cardiomyocyte proliferation can also promote mammalian heart regeneration. Analysis of human heart fail-

ure autopsy tissues indicate that individuals with early mortality have increased percentage of apoptotic myocytes and decreased expression of proliferation markers (Ki-67) compared to longer survivors (Swynghedauw, 1999). Forced cardiac expression of positive regulators of cell cycle progression (i.e. Cyclin A2 or Cyclin D2) in transgenic mice demonstrate enhanced cardiac function and improved remodeling following ischemic injury (van Amerongen and Engel, 2008; Chaudhry et al., 2004). Periostin and FGF1/p38 inhibitors promote myocyte proliferation and also improve cardiac repair (Engel et al., 2006; Kuhn et al., 2007). In summary, augmenting cardiomyocyte number by stimulating cardiomyocyte cell division may help cardiac regeneration following injury.

In spite of these promising reports, it is unlikely that inducing myocyte proliferation alone is sufficient to promote cardiac repair. For example, p38 inhibition (in the absence of FGF) was found to be insufficient to promote repair despite inducing myocyte proliferation (Engel et al., 2006). In addition, c-Myc-induced cardiomyocyte proliferation did not result in improved cardiac function (van Amerongen and Engel, 2008). Thus, other cellular effects and/or modulation of tissue stroma and vasculature may also be important. Finally, none of these extrinsic agents (i.e. periostin, FGF/p38 inhibitors) have been translated into feasible and effective therapies to repair the injured heart. Therefore, new and improved therapeutics for to promote cardiac repair and impede pathogenic cardiac remodeling are needed.

### SUMMARY OF THE INVENTION

Thus, in accordance with the present invention, there is provided a method of inhibiting Wnt-mediated remodeling of cardiac tissue comprising administering to a subject identified as needing cardiac tissue remodeling an IgM antibody that binds to LRP5/6. Administering may comprise intravenous, intraarterial or intracardiac administration. The subject may be a human. The subject may have suffered an ischemic cardiac event with 24 hours of administering said antibody, within 12 hours of administering said antibody, within 4 hours of administering said antibody, or within 1 hour of administering said antibody. The cancer cell may have a mutation in APC, such as a lung cancer or colorectal cancer. The method may achieve one or more therapeutic endpoints such as reduced heart failure related hospitalizations, increased exercise capacity, reduced ventricular dilation, increased cardiac output, improved pump performance, reduced arrhythmia, reduced cardiac fibrosis, or reduced cardiac necrosis.

The antibody may be a monoclonal antibody, such as a humanized antibody. The antibody may bind the same epitope as the antibody produced by clone designation 7E5C8. The antibody may bind to an epitope of LRP6 found between residues 540 and 672, 701 and 850, and 920 or 1070 of SEQ ID NO: 6. The heavy chain sequence may be SEQ ID NO:2 or encoded by:

(SEQ ID NO: 1)

```
CAGGTGCAGCTGAAGGAGTCAGGACCTGGCCTGGTGGCATCCTCACA
GAGCCTGTCCATCACATGCACCTGTCTCTGGTGTCTCATTATCCAGAT
ATAGTGTACACTGGGTTCCGCCAGCCTCCAGGAAGGGTCTGGAGTGG
CTGGGAATGATATGGGGTGGTGGAGCACAGACTATAATTCAGCTCT
CAAATCCAGACTGGGCATCAGCAAGGACAACCTCCAAGGCCAAGTTT
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3

-continued

TCTTAAAAATGAACAGTCTGCAAACTGATGACACAGCCATGTACTAC  
TGTGCCGGAAGTGGTTCCTGGTTTGCTTACTGGGGCCAAGGGACTCT  
GGTCACTGTCTCTGCA,

and/or the light chain sequence may be SEQ ID NO: 4 or encoded by:

(SEQ ID NO: 3)  
GACATCCAGATGACTCAGTCTCCAGCCTCCCTATCTGCATCTGTGGG  
AGAAACTGTCACCATCACATGTCGAGCAAGTGGGAATATTACAATT  
ATTTAGCATGGTATCAGCAGAAACAGGGAAAATCTCCTCAGCTCCTG  
GTCTATAATGCAAAAACCTTAGCAGATGGTGTGCCATCAAGGTTTCA  
TGGCAGTGGATCAGGAACACAATATTCTCTCAAGATCAACAGCCTGC  
AGCCTGAAGATTTTGGGAGTTATTACTGTCAACATTTTGGAGTACT  
CCGTGGACGTTCCGGTGGAGGCACCAAGCTGGAATCAAA.

The method may further comprise administering to said subject a second agent that treats one or more aspect of heart disease, such as a beta blocker, an iontrope, diuretic, ACE-I, AII antagonist, histone deacetylase inhibitor, a Ca(++)-blocker, or a TRP channel inhibitor. The second agent may be administered at the same time as said antibody, or after the antibody. The antibody may be administered more than once.

A method of inhibiting Wnt signaling in a cancer cell with a defect in Apc expression or activity comprising contacting said cancer cell with an IgM antibody that binds to LRP5/6. The cancer cell may be located in an animal subject. The antibody may be administered to said subject by intravenous, intraarterial, or intratumoral administration. The cancer cell may be a multi-drug resistant cell. The subject may suffer from recurrent cancer or metastatic cancer. The subject may suffer from sarcoma, colorectal cancer, gastric cancer, breast cancer, liver cancer, lymphoma, cervical cancer, uterine cancer, prostate cancer, lung cancer or melanoma. The cancer cell may have a mutation in APC, such as lung cancer or colorectal cancer. The method may achieve one or more therapeutic endpoints such as increased life span, improved stamina, improved quality of life, reduced hospital stay duration or frequency.

The antibody may be a monoclonal antibody, such as a humanized antibody. The antibody may bind the same epitope as the antibody produced by clone designation 7E5C8. The antibody may bind to an epitope of LRP6 found between residues 540 and 672, 701 and 850, or 920 and 1070 of SEQ ID NO: 6. The heavy chain sequence may be SEQ ID NO: 2 or encoded by:

(SEQ ID NO: 1)  
CAGGTGCAGCTGAAGGAGTCAGGACCTGGCCTGGTGGCATCCTCACA  
GAGCCTGTCCATCACATGCATGTCTCTGGGTTCTCATTATCCAGAT  
ATAGTGTAACATGGGTTCCGCCAGCTCCAGGAAAGGGTCTGGAGTGG  
CTGGGAATGATATGGGGTGGTGAAGCAGACTATAATTAGCTCT  
CAATCCAGACTGGGCATCAGCAAGGACAACCTCAAGAGCCAGTTT  
TCTTAAAAATGAACAGTCTGCAAACTGATGACACAGCCATGTACTAC

4

-continued

TGTGCCGGAAGTGGTTCCTGGTTTGCTTACTGGGGCCAAGGGACTCT  
GGTCACTGTCTCTGCA,

5 and/or the light chain sequence may be SEQ ID NO: 4 or encoded by:

(SEQ ID NO: 3)  
10 GACATCCAGATGACTCAGTCTCCAGCCTCCCTATCTGCATCTGTGGG  
AGAAACTGTCACCATCACATGTCGAGCAAGTGGGAATATTACAATT  
ATTTAGCATGGTATCAGCAGAAACAGGGAAAATCTCCTCAGCTCCTG  
15 GTCTATAATGCAAAAACCTTAGCAGATGGTGTGCCATCAAGGTTTCA  
TGGCAGTGGATCAGGAACACAATATTCTCTCAAGATCAACAGCCTGC  
AGCCTGAAGATTTTGGGAGTTATTACTGTCAACATTTTGGAGTACT  
20 CCGTGGACGTTCCGGTGGAGGCACCAAGCTGGAATCAAA.

The method may further comprise administering to said subject a second anticancer agent, such as a chemotherapeutic, a radiotherapeutic, hormone therapy, toxin therapy, or immunotherapy. The anti-cancer agent may be administered at the same time as said antibody, or before and/or after the antibody. The antibody may be administered more than once.

It is contemplated that any method or composition described herein can be implemented with respect to any other method or composition described herein.

The use of the word "a" or "an" when used in conjunction with the term "comprising" in the claims and/or the specification may mean "one," but it is also consistent with the meaning of "one or more," "at least one," and "one or more than one." The word "about" means plus or minus 5% of the stated number.

Other objects, features and advantages of the present invention will become apparent from the following detailed description. It should be understood, however, that the detailed description and the specific examples, while indicating specific embodiments of the invention, are given by way of illustration only, since various changes and modifications within the spirit and scope of the invention will become apparent to those skilled in the art from this detailed description.

#### BRIEF DESCRIPTION OF THE DRAWINGS

The following drawings form part of the present specification and are included to further demonstrate certain aspects of the present invention. The invention may be better understood by reference to one or more of these drawings in combination with the detailed description of specific embodiments presented herein.

FIG. 1. Schematic of Wnt canonical ( $\beta$ -catenin) and non-canonical signaling pathways.

FIGS. 2A-B. (FIG. 2A) Pyrvinium inhibits TOPflash activation with an  $IC_{50}$  of  $\sim 10$  nM. HEK 293 STF (TOPflash) reporter cells were treated with Wnt3a-conditioned media and/or pyrvinium for 24 hours. Graph represents mean  $\pm$  s.e.m of TOPflash signal normalized to cell number (performed in quadruplicate). A structurally related compound, Cmpd 211 fails to inhibit TOPflash. (FIG. 2B) Pyrvinium decreases levels of endogenous Wnt target genes AXIN2 and c-MYC. Data shown represent mean of four independent amplification reactions, graphed as relative expression to unstimulated cells. Expression levels were normalized to  $\beta$ -actin mRNA. Error bars, RQ values with 95% confidence.



5

FIGS. 3A-C. CK1 $\alpha$  is the intracellular target of pyrvinium. (FIG. 3A) Pyrvinium stimulates the phosphorylation of  $\beta$ -catenin in vitro. A kinase reaction was assembled in vitro with purified Axin,  $\beta$ -catenin, GSK3, and CK1 (100 nM each) in the absence or presence of pyrvinium (10 nM). Phosphorylation of  $\beta$ -catenin on GSK3 sites (p33,37,41) and the priming CK1 $\alpha$  site (p45) was detected by immunoblotting. (FIG. 3B) Pyrvinium binds and activates CK1 $\alpha$  but not kinases representative of other major branches of the kinome. Pyrvinium (10 nM) was incubated with purified recombinant kinases, and binding and kinase activities were assessed. Ligand-binding is based on the innate fluorescent property of pyrvinium and nitrocellulose immobilized protein. (FIG. 3C) Downregulating CK1 $\alpha$  blocks the transcriptional responses to pyrvinium. A Jurkat cell line with inducible shRNA for CK1 $\alpha$  (CK1 $\alpha^{sh}$ ) was incubated with pyrvinium (30 nM). Cells were treated with Wnt3a-conditioned media and lysates were assayed for TOPflash to assess Wnt signaling.

FIGS. 4A-F. Identification and organizational activity of granulation tissue as demonstrated in H&E stained slides generated in PVA sponges injected with pyrvinium (FIG. 4A) or Cmpd 211 (FIG. 4B). Representative sections stained with anti-CD31 (PECAM-1) to assess vascular density of sponge granulation tissue treated with pyrvinium (FIG. 4C) or Cmpd 211 (FIG. 4D). (FIG. 4E) Morphometric analysis of vascular density by anti-CD31 immunohistochemistry. Pictures from three fields of view from each section were assessed from four animals. The fraction of the field area positive for each was determined by point counting the total area comprising positive pixels divided by total area containing nucleated cells and the averages were graphed. (FIG. 4F) Graphed morphometric analysis of number of Ki-67+ cells (per high power; 40 $\times$ ) in pyrvinium or Cmpd 211 treated granulation tissue.

FIGS. 5A-D. Mouse MI model. Representative mouse EKG tracings pre (FIG. 5A) and post (FIG. 5B) coronary artery ligation. (FIG. 5C) Photomicrograph of Masson trichrome stain of a murine heart at 30 d showing a large area of transmural replacement fibrosis (infarction). Arrows mark lateral and posterior left ventricle (LV). LVIDD, LVIDS=LV internal diameter at systole and diastole, respectively. IVSS, IVSD=interventricular septal distance at systole and diastole, respectively. RV=right ventricle. (FIG. 5D) Graph of percent difference of LVIDD, LVIDS, IVSS and IVSD at d 7 and d 30 after treatment with a single (25 ml) injection of pyrvinium (n=22 animals injected; n=7 survived) or Cmpd 211 (n=6 injected; n=6 survived). A single injection of pyrvinium resulted in favorable remodeling of the mouse myocardium following infarction. Cardiac dimensions were obtained from 2-D guided M-mode images (100 frames/sec) and were read blinded using short axis and a parasternal long-axis views with the leading edge method. All echo measurements were averaged over 3 consecutive beats on unsedated mice at 7 and 30 days after infarction. Statistical significance assessed by the Wilcoxon rank sum test.

FIGS. 6A-F. Pyrvinium induces cardiomyocyte mitosis. Ki-67 positive nuclei in mouse heart evident within the scar and peri-infarct tissue (FIG. 6A) or remote myocardium (FIG. 6B) were quantified. \*p<0.05 using One way ANOVA with Newman-keuls post-test. Representative immunostained sections of remote myocardium using anti-Ki-67 to show more mitotic nuclei in pyrvinium (FIG. 6C) vs. Cmpd 211-(FIG. 6D) treated hearts. (FIG. 6E) pH3-positive mononucleated, differentiated cardiomyocyte in pyrvinium-treated remote myocardium but not in Cmpd 211-treated tissue (FIG. 6F).

FIG. 7. mabLRP6 inhibits Wnt3a-induced nuclear accumulation of  $\beta$ -catenin. RKO cells were treated with Wnt3a in

6

the presence or absence of 300 pg/ml mabLRP6 for 24 hours. Cells were fixed and immunostained for  $\beta$ -catenin (green). DAPI (blue) stains DNA.

FIGS. 8A-D. mabLRP5/6 effectively and safely inhibits canonical Wnt signaling in mice and induces cardiomyocyte mitosis. The canonical Wnt signaling pathway was assessed using luciferase activity in HEK cells stably transfected with TOPflash reporter. Cells were treated with recombinant Wnt 3a to activate Wnt signaling. (FIG. 8A) 100  $\mu$ l of plasma obtained from mice after treatment with 9.4  $\mu$ g mLRP5/6 showed an ~5-fold and 2-fold greater inhibition of Wnt3a-mediated luciferase activity 48 and 72 hours, respectively, after drug administration compared to IgM injected controls. (FIG. 8B) Real time RT-PCR analysis of the Wnt pathway target genes, Axin 2 and Cyclin D, in heart homogenates obtained from mabLRP5/6 treated mice showed a ~2-fold reduction in Axin 2 and Cyclin D transcripts at 48 h compared to controls. Cycle thresholds for 18S mRNA transcripts were used to normalize between samples. n=4 mice analyzed at each time point for each cohort. Ki-67-positive cells in the heart (FIG. 8C) and pH3-positive mononucleated, differentiated cardiomyocytes in mabLRP5/6-treated remote myocardium (FIG. 8D).

FIG. 9. Effect of low and high dose of mabLRP5/6 administered post infarct as compared to IgG control. LVIDD and LVIDS to represent cardiac remodeling, and EF, ejection fraction, as a measurement of cardiac function, were determined by echocardiography and are plotted as percentage difference values (mean $\pm$ SD) between 7 and 30 days after infarct.

FIGS. 10A-D. Isolation of viable, intact cardiomyocytes from infarcted mouse hearts. Imaging was performed using an inverted microscope in the light-transmitted mode (20 $\times$  oil immersion lens). XY images of low magnification fields (FIGS. 10A and C) showed myocyte yield obtained from both border and remote areas. High magnification images of respective individual myocytes (FIGS. 10B and D) were obtained by zooming-in on the cell of interest.

FIGS. 11A-B. Wnt activated signaling. (FIG. 11A) Wnt3a activated signaling in 293 HEK cells. (FIG. 11B) Wnt signaling in SW480 colorectal cancer cell line with mutant APC.

#### DESCRIPTION OF ILLUSTRATIVE EMBODIMENTS

It is known that Wnt is dysregulated in injured cardiac tissue. Building on their previous work with Wnt inhibitors in cancer, the inventors here show that administration of pyrvinium (a known Wnt inhibitor) into the myocardium showed more favorable ventricular remodeling compared to control in a mouse model of acute MI. Despite the fact that only a single injection of pyrvinium could be administered (due to its toxicity), there was a remarkable therapeutic benefit. These exciting preliminary data less to follow-up work focused on assessing the effect of more long-term therapeutic Wnt inhibition on myocardial repair and regeneration.

Although antibodies against LRP5/6 have been reported, there have been none described that inhibit Wnt signaling in vitro or in vivo. The inventors generated a well-tolerated LRP5/6 monoclonal antibody that inhibits Wnt signaling in vivo. Using this innovative tool, the inventors have begun to dissect pharmacologic inhibition of Wnt signaling over an extended time and establish anti-Wnt regimens for the treatment of heart disease. Therapeutic Wnt inhibition is likely to have significant potential in cardiac repair and regeneration and perhaps more broadly in repair of other tissues. Thus, the inventors' efforts to pioneer the use of an anti-LRP5/6 anti-

body to inhibit Wnt signaling will have important implications for regenerative medicine in general and, more specifically, for the treatment of MI. These and other aspects of the invention are described in greater detail below.

## I. WNT SIGNALING AND LRP5/6

### A. Wnt Signaling Through LRP5/6

Wnt ligands bind their cognate Frizzled-family receptors to regulate diverse biological processes including cell adhesion, proliferation, migration, and differentiation (Reya and Clevers, 2005; Widelitz, 2005; Shtutman et al., 1999; Tahinci and Lee, 2004). The central player of the “canonical” (Wnt/ $\beta$ -catenin) pathway is  $\beta$ -catenin, which is maintained at a low level in the cytoplasm by its association with a complex (axin, APC, GSK3 $\beta$ ) that promotes its phosphorylation and targeted destruction (FIG. 1) (Reya and Clevers, 2005; Widelitz, 2005; Shtutman et al., 1999; Tahinci and Lee, 2004). Upon binding of Wnt by Frizzled and the LRP5 or 6 coreceptor (LRP5/6), the destruction complex is inhibited;  $\beta$ -catenin accumulates and trans-locates to the nucleus where it interacts with the Tcf/Lef1 transcription factors to regulate Wnt-specific gene expression (Reya and Clevers, 2005; Widelitz, 2005; Shtutman et al., 1999; Tahinci and Lee, 2004). “Non-canonical” Wnt signaling (e.g. planar cell polarity and intracellular calcium release (Reya and Clevers, 2005; Widelitz, 2005; Shtutman et al., 1999; Tahinci and Lee, 2004)) is less well understood at the molecular level.

Wnt signaling has been shown to be a major regulator of cardiogenesis (Cleutjens et al., 1999; Foley and Mercola, 2005; Salloway, 2003). Prior to gastrulation, Wnt/ $\beta$ -catenin signaling promotes cardiac differentiation whereas signaling during gastrulation inhibits heart formation (Cleutjens et al., 1999; Foley and Mercola, 2005; Salloway, 2003). Consistent with these studies, early treatment of mouse embryonic stem cells with Wnt3a stimulates mesoderm induction whereas late Wnt3a stimulation inhibits cardiac differentiation. Furthermore, the Wnt inhibitors Dickkopf-1 (Dkk-1) and secreted frizzled-related proteins (sFRPs) have been shown to induce cardiac differentiation of stem cells (Cleutjens et al., 1999; Salloway, 2003; Pandur et al., 2002). Although these studies clearly demonstrate the importance of Wnt signaling in cardiac development, less is known about its role in adult cardiac repair. A recent study using Wnt (axin2-LacZ) reporter mice demonstrated that Wnt signaling is increased post-MI in cardiomyocytes of the border zone and remote area between 7-21 days whereas infiltrating CD45<sup>+</sup> inflammatory cells showed Wnt activation between 3-7 days (Oerlemans et al., 2009). Hence, endogenous activation of the Wnt pathway occurs in the heart in cardiomyocytes and other heart cells and is evident just prior to the initiation of the remodeling phase (day 10-26) of murine infarct repair. The inventors hypothesize that infarct-induced Wnt activation contributes to adverse cardiac remodeling, a process that may be averted by Wnt inhibition. Several recent studies support this hypothesis. Transgenic mice in which  $\beta$ -catenin was downregulated in an alpha-MHC-restricted manner (i.e. resulting in lower cardiac Wnt signaling) demonstrated favorable ischemic remodeling (Zelarayan et al., 2008). Other groups reported functional deterioration after injury in mice expressing a stabilized  $\beta$ -catenin (i.e. activated Wnt signaling) in cardiomyocytes (Malekar et al., 2010; Baurand et al., 2007). Finally, the inventors and others have shown that mesenchymal stem cells overexpressing sFRP2, a Wnt inhibitor, reduced cardiomyocyte apoptosis (Mirotso et al., 2007; Alfaro et al., 2008).

Several antagonists of the Wnt pathways have been characterized (Kawano and Kypta, 2003). One class, including sFRPs, binds and sequesters Wnts to inhibit both canonical and non-canonical Wnt signaling (Kawano and Kypta, 2003). Fusion of Frizzled8-cysteine rich domain (binds Wnt) to the human Fc domain inhibited Wnt signaling and teratocarcinoma growth in mice but has not been widely used in vivo possibly due to its low in vivo efficacy or issues of selectivity (DeAlmeida et al., 2007). The Dick class inhibits canonical Wnt signaling by binding to LRP5/LRP6 of the Wnt receptor complex ((Kawano and Kypta, 2003). Recently a novel class of small molecule Wnt inhibitors has been identified that act by inhibiting tankyrase, a poly(ADP-ribose) polymerase (Chen et al., 2009; Huang et al., 2009). These compounds have not been shown to be effective in vivo, possibly due to toxicity and/or bioavailability. The inventors previously identified a FDA-approved drug, pyrimin, as a potent inhibitor of Wnt signaling that acts by binding and activating casein kinase 1 $\alpha$ .

### B. LRP5/6 Protein Sequences

The protein sequences for LRP5 and 6 are provided at accession nos. NP\_002326.2 (SEQ ID NO:5) and NP\_002327.2 (SEQ ID NO:6), respectively.

### C. LRP5/6 NUCLEIC ACID SEQUENCES

The mRNAs for LRP5 and 6 are provided at accession nos. NM\_002335 (SEQ ID NO:7) and NM\_002336 (SEQ ID NO:8), respectively.

## II. PRODUCING MONOCLONAL ANTIBODIES

### A. General Methods

It will be understood that monoclonal antibodies binding to LRP5/6 will have utilities in several applications. These include the production of diagnostic kits for use in detecting and diagnosing disease. In these contexts, one may link such antibodies to diagnostic or therapeutic agents, or use them as capture agents or competitors in competitive assays. Means for preparing and characterizing antibodies are well known in the art (see, e.g., *Antibodies: A Laboratory Manual*, Cold Spring Harbor Laboratory, 1988; U.S. Pat. No. 4,196,265).

The methods for generating monoclonal antibodies (MAbs) generally begin along the same lines as those for preparing polyclonal antibodies. The first step for both these methods is immunization of an appropriate host. As is well known in the art, a given composition for immunization may vary in its immunogenicity. It is often necessary therefore to boost the host immune system, as may be achieved by coupling a peptide or polypeptide immunogen to a carrier. Exemplary and preferred carriers are keyhole limpet hemocyanin (KLH) and bovine serum albumin (BSA). Other albumins such as ovalbumin, mouse serum albumin or rabbit serum albumin can also be used as carriers. Means for conjugating a polypeptide to a carrier protein are well known in the art and include glutaraldehyde, m-maleimidobenzoyl-N-hydroxysuccinimide ester, carbodiimide and bis-biazotized benzidine. As also is well known in the art, the immunogenicity of a particular immunogen composition can be enhanced by the use of non-specific stimulators of the immune response, known as adjuvants. Exemplary and preferred adjuvants include complete Freund's adjuvant (a non-specific stimula-

tor of the immune response containing killed *Mycobacterium tuberculosis*), incomplete Freund's adjuvants and aluminum hydroxide adjuvant.

The amount of immunogen composition used in the production of polyclonal antibodies varies upon the nature of the immunogen as well as the animal used for immunization. A variety of routes can be used to administer the immunogen (subcutaneous, intramuscular, intradermal, intravenous and intraperitoneal). The production of polyclonal antibodies may be monitored by sampling blood of the immunized animal at various points following immunization. A second, booster injection, also may be given. The process of boosting and titering is repeated until a suitable titer is achieved. When a desired level of immunogenicity is obtained, the immunized animal can be bled and the serum isolated and stored, and/or the animal can be used to generate MAbs.

Following immunization, somatic cells with the potential for producing antibodies, specifically B lymphocytes (B cells), are selected for use in the MAb generating protocol. These cells may be obtained from biopsied spleens or lymph nodes, or from circulating blood. The antibody-producing B lymphocytes from the immunized animal are then fused with cells of an immortal myeloma cell, generally one of the same species as the animal that was immunized or human or human/mouse chimeric cells. Myeloma cell lines suited for use in hybridoma-producing fusion procedures preferably are non-antibody-producing, have high fusion efficiency, and enzyme deficiencies that render them incapable of growing in certain selective media which support the growth of only the desired fused cells (hybridomas).

Any one of a number of myeloma cells may be used, as are known to those of skill in the art (Goding, pp. 65-66, 1986; Campbell, pp. 75-83, 1984). For example, where the immunized animal is a mouse, one may use P3-X63/Ag8, X63-Ag8.653, NS1/1.Ag 4.1, Sp210-Ag14, FO, NSO/U, MPC-11, MPC11-X45-GTG 1.7 and S194/5XX0 Bul; for rats, one may use R210.RCY3, Y3-Ag 1.2.3, IR983F and 4B210; and U-266, GM1500-GRG2, LICR-LON-HMy2 and UC729-6 are all useful in connection with human cell fusions. One particular murine myeloma cell is the NS-1 myeloma cell line (also termed P3-NS-1-Ag4-1), which is readily available from the NIGMS Human Genetic Mutant Cell Repository by requesting cell line repository number GM3573. Another mouse myeloma cell line that may be used is the 8-azaguanine-resistant mouse murine myeloma SP2/0 non-producer cell line. More recently, additional fusion partner lines for use with human B cells have been described, including KR12 (ATCC CRL-8658; K6H6/B5 (ATCC CRL-1823 SHM-D33 (ATCC CRL-1668) and HMMA2.5 (Posner et al., 1987). The antibodies in this invention were generated using the HMMA2.5 line.

Methods for generating hybrids of antibody-producing spleen or lymph node cells and myeloma cells usually comprise mixing somatic cells with myeloma cells in a 2:1 proportion, though the proportion may vary from about 20:1 to about 1:1, respectively, in the presence of an agent or agents (chemical or electrical) that promote the fusion of cell membranes. Fusion methods using Sendai virus have been described by Kohler and Milstein (1975; 1976), and those using polyethylene glycol (PEG), such as 37% (v/v) PEG, by Gefter et al. (1977). The use of electrically induced fusion methods also is appropriate (Goding, pp. 71-74, 1986). The hybridomas secreting the LRP5/6 antibodies in this invention were obtained by electrofusion.

Fusion procedures usually produce viable hybrids at low frequencies, about  $1 \times 10^{-6}$  to  $1 \times 10^{-8}$ . However, this does not pose a problem, as the viable, fused hybrids are differentiated

from the parental, infused cells (particularly the infused myeloma cells that would normally continue to divide indefinitely) by culturing in a selective medium. The selective medium is generally one that contains an agent that blocks the de novo synthesis of nucleotides in the tissue culture media. Exemplary and preferred agents are aminopterin, methotrexate, and azaserine. Aminopterin and methotrexate block de novo synthesis of both purines and pyrimidines, whereas azaserine blocks only purine synthesis. Where aminopterin or methotrexate is used, the media is supplemented with hypoxanthine and thymidine as a source of nucleotides (HAT medium). Where azaserine is used, the media is supplemented with hypoxanthine. Ouabain is added if the B cell source is an Epstein Barr virus (EBV) transformed human B cell line, in order to eliminate EBV transformed lines that have not fused to the myeloma.

The preferred selection medium is HAT or HAT with ouabain. Only cells capable of operating nucleotide salvage pathways are able to survive in HAT medium. The myeloma cells are defective in key enzymes of the salvage pathway, e.g., hypoxanthine phosphoribosyl transferase (HPRT), and they cannot survive. The B cells can operate this pathway, but they have a limited life span in culture and generally die within about two weeks. Therefore, the only cells that can survive in the selective media are those hybrids formed from myeloma and B cells. When the source of B cells used for fusion is a line of EBV-transformed B cells, as here, ouabain is also used for drug selection of hybrids as EBV-transformed B cells are susceptible to drug killing, whereas the myeloma partner used is chosen to be ouabain resistant.

Culturing provides a population of hybridomas from which specific hybridomas are selected. Typically, selection of hybridomas is performed by culturing the cells by single-clone dilution in microtiter plates, followed by testing the individual clonal supernatants (after about two to three weeks) for the desired reactivity. The assay should be sensitive, simple and rapid, such as radioimmunoassays, enzyme immunoassays, cytotoxicity assays, plaque assays dot immunobinding assays, and the like.

The selected hybridomas are then serially diluted or single-cell sorted by flow cytometric sorting and cloned into individual antibody-producing cell lines, which clones can then be propagated indefinitely to provide mAbs. The cell lines may be exploited for MAb production in two basic ways. A sample of the hybridoma can be injected (often into the peritoneal cavity) into an animal (e.g., a mouse). Optionally, the animals are primed with a hydrocarbon, especially oils such as pristane (tetramethylpentadecane) prior to injection. When human hybridomas are used in this way, it is optimal to inject immunocompromised mice, such as SCID mice, to prevent tumor rejection. The injected animal develops tumors secreting the specific monoclonal antibody produced by the fused cell hybrid. The body fluids of the animal, such as serum or ascites fluid, can then be tapped to provide MAbs in high concentration. The individual cell lines could also be cultured in vitro, where the MAbs are naturally secreted into the culture medium from which they can be readily obtained in high concentrations. Alternatively, human hybridoma cells lines can be used in vitro to produce immunoglobulins in cell supernatant. The cell lines can be adapted for growth in serum-free medium to optimize the ability to recover human monoclonal immunoglobulins of high purity.

MAbs produced by either means may be further purified, if desired, using filtration, centrifugation and various chromatographic methods such as FPLC or affinity chromatography. Fragments of the monoclonal antibodies of the invention can be obtained from the purified monoclonal antibodies by

methods which include digestion with enzymes, such as pepsin or papain, and/or by cleavage of disulfide bonds by chemical reduction. Alternatively, monoclonal antibody fragments encompassed by the present invention can be synthesized using an automated peptide synthesizer.

It also is contemplated that a molecular cloning approach may be used to generate monoclonals. For this, RNA can be isolated from the hybridoma line and the antibody genes obtained by RT-PCR and cloned into an immunoglobulin expression vector. Alternatively, combinatorial immunoglobulin phagemid libraries are prepared from RNA isolated from the cell lines and phagemids expressing appropriate antibodies are selected by panning using viral antigens. The advantages of this approach over conventional hybridoma techniques are that approximately  $10^4$  times as many antibodies can be produced and screened in a single round, and that new specificities are generated by H and L chain combination which further increases the chance of finding appropriate antibodies.

Other U.S. patents, each incorporated herein by reference, that teach the production of antibodies useful in the present invention include U.S. Pat. No. 5,565,332, which describes the production of chimeric antibodies using a combinatorial approach; U.S. Pat. No. 4,816,567 which describes recombinant immunoglobulin preparations; and U.S. Pat. No. 4,867,973 which describes antibody-therapeutic agent conjugates.

#### B. Antibodies of the Present Invention

Antibodies according to the present invention may be defined, in the first instance, by their binding specificity combined with their functional attribute of blocking Wnt activity. Those of skill in the art, by assessing the binding affinity of a given antibody using techniques well known to those of skill in the art, and further assessing the effects on Wnt signaling, can determine whether such antibodies fall within the scope of the instant claims.

Another classification of antibody is by Ig type, and the present invention provides antibodies to LRP5/6 that are IgM. Still a further way of categorizing antibodies according to the present invention is by the specific epitopes or contact points on the antigen may define the antibody's specificity. Finally, the antibody may be defined in particular by reference to heavy/light chain variable region sequences.

#### C. Engineering of Antibody Sequences

In various embodiments, one may choose to engineer sequences of the identified antibodies for a variety of reasons, such as improved expression, improved cross-reactivity or diminished off-target binding. The following is a general discussion of relevant techniques for antibody engineering.

Hybridomas may be cultured, then cells lysed, and total RNA extracted. Random hexamers may be used with RT to generate cDNA copies of RNA, and then PCR performed using a multiplex mixture of PCR primers expected to amplify all human variable gene sequences. PCR product can be cloned into pGEM-T Easy vector, then sequenced by automated DNA sequencing using standard vector primers. Assay of binding and neutralization may be performed using antibodies collected from hybridoma supernatants and purified by FPLC, using Protein G columns.

Recombinant full length IgG antibodies were generated by subcloning heavy and light chain Fv DNAs from the cloning vector into a Lonza pConlgG1 or pConK2 plasmid vector,

transfected into 293 Freestyle cells or Lonza CHO cells, and antibodies were collected and purified from the CHO cell supernatant.

The rapid availability of antibody produced in the same host cell and cell culture process as the final cGMP manufacturing process has the potential to reduce the duration of process development programs. Lonza has developed a generic method using pooled transfectants grown in CDACF medium, for the rapid production of small quantities (up to 50 g) of antibodies in CHO cells. Although slightly slower than a true transient system, the advantages include a higher product concentration and use of the same host and process as the production cell line. Example of growth and productivity of GS-CHO pools, expressing a model antibody, in a disposable bioreactor: in a disposable bag bioreactor culture (5 L working volume) operated in fed-batch mode, a harvest antibody concentration of 2 g/L was achieved within 9 weeks of transfection.

pCon Vectors™ are an easy way to re-express whole antibodies. The constant region vectors are a set of vectors offering a range of immunoglobulin constant region vectors cloned into the pEE vectors. These vectors offer easy construction of full length antibodies with human constant regions and the convenience of the GS System™.

Antibody molecules will comprise fragments (such as F(ab'), F(ab')<sub>2</sub>) that are produced, for example, by the proteolytic cleavage of the mAbs, or single-chain immunoglobulins producible, for example, via recombinant means. Such antibody derivatives are monovalent. In one embodiment, such fragments can be combined with one another, or with other antibody fragments or receptor ligands to form "chimeric" binding molecules. Significantly, such chimeric molecules may contain substituents capable of binding to different epitopes of the same molecule.

It may be desirable to "humanize" antibodies produced in non-human hosts in order to attenuate any immune reaction when used in human therapy. Such humanized antibodies may be studied in an in vitro or an in vivo context. Humanized antibodies may be produced, for example by replacing an immunogenic portion of an antibody with a corresponding, but non-immunogenic portion (i.e., chimeric antibodies). PCT Application PCT/US86/02269; EP Application 184,187; EP Application 171,496; EP Application 173,494; PCT Application WO 86/01533; EP Application 125,023; Sun et al. (1987); Wood et al. (1985); and Shaw et al. (1988); all of which references are incorporated herein by reference. General reviews of "humanized" chimeric antibodies are provided by Morrison (1985); also incorporated herein by reference. "Humanized" antibodies can alternatively be produced by CDR or CEA substitution. Jones et al. (1986); Verhoeven et al. (1988); Beidler et al. (1988); all of which are incorporated herein by reference.

In related embodiments, the antibody is a derivative of the disclosed antibodies, e.g., an antibody comprising the CDR sequences identical to those in the disclosed antibodies (e.g., a chimeric, humanized or CDR-grafted antibody). In yet a further embodiment, the antibody is a fully human recombinant antibody.

Alternatively, one may wish to make modifications, such as introducing conservative changes into an antibody molecule. In making such changes, the hydropathic index of amino acids may be considered. The importance of the hydropathic amino acid index in conferring interactive biologic function on a protein is generally understood in the art (Kyte and Doolittle, 1982). It is accepted that the relative hydropathic character of the amino acid contributes to the secondary structure of the resultant protein, which in turn defines the inter-

action of the protein with other molecules, for example, enzymes, substrates, receptors, DNA, antibodies, antigens, and the like.

It also is understood in the art that the substitution of like amino acids can be made effectively on the basis of hydrophilicity. U.S. Pat. No. 4,554,101, incorporated herein by reference, states that the greatest local average hydrophilicity of a protein, as governed by the hydrophilicity of its adjacent amino acids, correlates with a biological property of the protein. As detailed in U.S. Pat. No. 4,554,101, the following hydrophilicity values have been assigned to amino acid residues: basic amino acids: arginine (+3.0), lysine (+3.0), and histidine (-0.5); acidic amino acids: aspartate (+3.0±1), glutamate (+3.0±1), asparagine (+0.2), and glutamine (+0.2); hydrophilic, nonionic amino acids: serine (+0.3), asparagine (+0.2), glutamine (+0.2), and threonine (-0.4), sulfur containing amino acids: cysteine (-1.0) and methionine (-1.3); hydrophobic, nonaromatic amino acids: valine (-1.5), leucine (-1.8), isoleucine (-1.8), proline (-0.5±1), alanine (-0.5), and glycine (0); hydrophobic, aromatic amino acids: tryptophan (-3.4), phenylalanine (-2.5), and tyrosine (-2.3).

It is understood that an amino acid can be substituted for another having a similar hydrophilicity and produce a biologically or immunologically modified protein. In such changes, the substitution of amino acids whose hydrophilicity values are within ±2 is preferred, those that are within ±1 are particularly preferred, and those within ±0.5 are even more particularly preferred.

As outlined above, amino acid substitutions generally are based on the relative similarity of the amino acid side-chain substituents, for example, their hydrophobicity, hydrophilicity, charge, size, and the like. Exemplary substitutions that take into consideration the various foregoing characteristics are well known to those of skill in the art and include: arginine and lysine; glutamate and aspartate; serine and threonine; glutamine and asparagine; and valine, leucine and isoleucine.

The present invention also contemplates isotype modification. By modifying the Fc region to have a different isotype, different functionalities can be achieved. For example, changing to IgG<sub>1</sub> can increase antibody dependent cell cytotoxicity, switching to class A can improve tissue distribution, and switching to class M can improve valency.

Modified antibodies may be made by any technique known to those of skill in the art, including expression through standard molecular biological techniques, or the chemical synthesis of polypeptides. Methods for recombinant expression are addressed elsewhere in this document.

#### D. Single Chain Antibodies

A Single Chain Variable Fragment (scFv) is a fusion of the variable regions of the heavy and light chains of immunoglobulins, linked together with a short (usually serine, glycine) linker. This chimeric molecule retains the specificity of the original immunoglobulin, despite removal of the constant regions and the introduction of a linker peptide. This modification usually leaves the specificity unaltered. These molecules were created historically to facilitate phage display where it is highly convenient to express the antigen binding domain as a single peptide. Alternatively, scFv can be created directly from subcloned heavy and light chains derived from a hybridoma. Single chain variable fragments lack the constant Fc region found in complete antibody molecules, and thus, the common binding sites (e.g., protein A/G) used to purify antibodies. These fragments can often be purified/immobilized using Protein L since Protein L interacts with the variable region of kappa light chains.

Flexible linkers generally are comprised of helix- and turn-promoting amino acid residues such as alanine, serine and glycine. However, other residues can function as well. Tang et al. (1996) used phage display as a means of rapidly selecting tailored linkers for single-chain antibodies (scFvs) from protein linker libraries. A random linker library was constructed in which the genes for the heavy and light chain variable domains were linked by a segment encoding an 18-amino acid polypeptide of variable composition. The scFv repertoire (approx.  $5 \times 10^6$  different members) was displayed on filamentous phage and subjected to affinity selection with hapten. The population of selected variants exhibited significant increases in binding activity but retained considerable sequence diversity. Screening 1054 individual variants subsequently yielded a catalytically active scFv that was produced efficiently in soluble form. Sequence analysis revealed a conserved proline in the linker two residues after the V<sub>H</sub>C terminus and an abundance of arginines and prolines at other positions as the only common features of the selected tethers.

The recombinant antibodies of the present invention may also involve sequences or moieties that permit dimerization or multimerization of the receptors. Such sequences include those derived from IgA, which permit formation of multimers in conjunction with the J-chain. Another multimerization domain is the Gal4 dimerization domain. In other embodiments, the chains may be modified with agents such as biotin/avidin, which permit the combination of two antibodies.

In a separate embodiment, a single-chain antibody can be created by joining receptor light and heavy chains using a non-peptide linker or chemical unit. Generally, the light and heavy chains will be produced in distinct cells, purified, and subsequently linked together in an appropriate fashion (i.e., the N-terminus of the heavy chain being attached to the C-terminus of the light chain via an appropriate chemical bridge).

Cross-linking reagents are used to form molecular bridges that tie functional groups of two different molecules, e.g., a stabilizing and coagulating agent. However, it is contemplated that dimers or multimers of the same analog or heteromeric complexes comprised of different analogs can be created. To link two different compounds in a step-wise manner, hetero-bifunctional cross-linkers can be used that eliminate unwanted homopolymer formation.

An exemplary hetero-bifunctional cross-linker contains two reactive groups: one reacting with primary amine group (e.g., N-hydroxy succinimide) and the other reacting with a thiol group (e.g., pyridyl disulfide, maleimides, halogens, etc.). Through the primary amine reactive group, the cross-linker may react with the lysine residue(s) of one protein (e.g., the selected antibody or fragment) and through the thiol reactive group, the cross-linker, already tied up to the first protein, reacts with the cysteine residue (free sulfhydryl group) of the other protein (e.g., the selective agent).

It is preferred that a cross-linker having reasonable stability in blood will be employed. Numerous types of disulfide-bond containing linkers are known that can be successfully employed to conjugate targeting and therapeutic/preventative agents. Linkers that contain a disulfide bond that is sterically hindered may prove to give greater stability in vivo, preventing release of the targeting peptide prior to reaching the site of action. These linkers are thus one group of linking agents.

Another cross-linking reagent is SMPT, which is a bifunctional cross-linker containing a disulfide bond that is "sterically hindered" by an adjacent benzene ring and methyl groups. It is believed that steric hindrance of the disulfide bond serves a function of protecting the bond from attack by thiolate anions such as glutathione which can be present in

15

tissues and blood, and thereby help in preventing decoupling of the conjugate prior to the delivery of the attached agent to the target site.

The SMPT cross-linking reagent, as with many other known cross-linking reagents, lends the ability to cross-link functional groups such as the SH of cysteine or primary amines (e.g., the epsilon amino group of lysine). Another possible type of cross-linker includes the hetero-bifunctional photoreactive phenylazides containing a cleavable disulfide bond such as sulfosuccinimidyl-2-(p-azido salicylamido) ethyl-1,3'-dithiopropionate. The N-hydroxy-succinimidyl group reacts with primary amino groups and the phenylazide (upon photolysis) reacts non-selectively with any amino acid residue.

In addition to hindered cross-linkers, non-hindered linkers also can be employed in accordance herewith. Other useful cross-linkers, not considered to contain or generate a protected disulfide, include SATA, SPDP and 2-iminothiolane (Wawrzynczak & Thorpe, 1987). The use of such cross-linkers is well understood in the art. Another embodiment involves the use of flexible linkers.

U.S. Pat. No. 4,680,338, describes bifunctional linkers useful for producing conjugates of ligands with amine-containing polymers and/or proteins, especially for forming antibody conjugates with chelators, drugs, enzymes, detectable labels and the like. U.S. Pat. Nos. 5,141,648 and 5,563,250 disclose cleavable conjugates containing a labile bond that is cleavable under a variety of mild conditions. This linker is particularly useful in that the agent of interest may be bonded directly to the linker, with cleavage resulting in release of the active agent. Particular uses include adding a free amino or free sulfhydryl group to a protein, such as an antibody, or a drug.

U.S. Pat. No. 5,856,456 provides peptide linkers for use in connecting polypeptide constituents to make fusion proteins, e.g., single chain antibodies. The linker is up to about 50 amino acids in length, contains at least one occurrence of a charged amino acid (preferably arginine or lysine) followed by a proline, and is characterized by greater stability and reduced aggregation. U.S. Pat. No. 5,880,270 discloses aminoxy-containing linkers useful in a variety of immunodiagnostic and separative techniques.

#### E. Purification

In certain embodiments, the antibodies of the present invention may be purified. The term "purified," as used herein, is intended to refer to a composition, isolatable from other components, wherein the protein is purified to any degree relative to its naturally-obtainable state. A purified protein therefore also refers to a protein, free from the environment in which it may naturally occur. Where the term "substantially purified" is used, this designation will refer to a composition in which the protein or peptide forms the major component of the composition, such as constituting about 50%, about 60%, about 70%, about 80%, about 90%, about 95% or more of the proteins in the composition.

Protein purification techniques are well known to those of skill in the art. These techniques involve, at one level, the crude fractionation of the cellular milieu to polypeptide and non-polypeptide fractions. Having separated the polypeptide from other proteins, the polypeptide of interest may be further purified using chromatographic and electrophoretic techniques to achieve partial or complete purification (or purification to homogeneity). Analytical methods particularly suited to the preparation of a pure peptide are ion-exchange chromatography, exclusion chromatography; polyacrylamide gel electrophoresis; isoelectric focusing. Other methods

16

for protein purification include, precipitation with ammonium sulfate, PEG, antibodies and the like or by heat denaturation, followed by centrifugation; gel filtration, reverse phase, hydroxylapatite and affinity chromatography; and combinations of such and other techniques.

In purifying an antibody of the present invention, it may be desirable to express the polypeptide in a prokaryotic or eukaryotic expression system and extract the protein using denaturing conditions. The polypeptide may be purified from other cellular components using an affinity column, which binds to a tagged portion of the polypeptide. As is generally known in the art, it is believed that the order of conducting the various purification steps may be changed, or that certain steps may be omitted, and still result in a suitable method for the preparation of a substantially purified protein or peptide.

Commonly, complete antibodies are fractionated utilizing agents (i.e., protein A) that bind the Fc portion of the antibody. Alternatively, antigens may be used to simultaneously purify and select appropriate antibodies. Such methods often utilize the selection agent bound to a support, such as a column, filter or bead. The antibodies is bound to a support, contaminants removed (e.g., washed away), and the antibodies released by applying conditions (salt, heat, etc.).

Various methods for quantifying the degree of purification of the protein or peptide will be known to those of skill in the art in light of the present disclosure. These include, for example, determining the specific activity of an active fraction, or assessing the amount of polypeptides within a fraction by SDS/PAGE analysis. Another method for assessing the purity of a fraction is to calculate the specific activity of the fraction, to compare it to the specific activity of the initial extract, and to thus calculate the degree of purity. The actual units used to represent the amount of activity will, of course, be dependent upon the particular assay technique chosen to follow the purification and whether or not the expressed protein or peptide exhibits a detectable activity.

It is known that the migration of a polypeptide can vary, sometimes significantly, with different conditions of SDS/PAGE (Capaldi et al., 1977). It will therefore be appreciated that under differing electrophoresis conditions, the apparent molecular weights of purified or partially purified expression products may vary.

### III. PASSIVE IMMUNIZATION USING LRP5/6 ANTIBODIES

#### A. Formulation and Administration

The present invention provides pharmaceutical compositions comprising anti-LRP5/6 antibodies and antigens for generating the same. Such compositions comprise a prophylactically or therapeutically effective amount of an antibody or a fragment thereof. In a specific embodiment, the term "pharmaceutically acceptable" means approved by a regulatory agency of the Federal or a state government or listed in the U.S. Pharmacopeia or other generally recognized pharmacopeia for use in animals, and more particularly in humans. The term "carrier" refers to a diluent, excipient, or vehicle with which the therapeutic is administered. Such pharmaceutical carriers can be sterile liquids, such as water and oils, including those of petroleum, animal, vegetable or synthetic origin, such as peanut oil, soybean oil, mineral oil, sesame oil and the like. Water is a particular carrier when the pharmaceutical composition is administered intravenously. Saline solutions and aqueous dextrose and glycerol solutions can also be employed as liquid carriers, particularly for injectable solutions. Other suitable pharmaceutical excipients

include starch, glucose, lactose, sucrose, gelatin, malt, rice, flour, chalk, silica gel, sodium stearate, glycerol monostearate, talc, sodium chloride, dried skim milk, glycerol, propylene, glycol, water, ethanol and the like.

The composition, if desired, can also contain minor amounts of wetting or emulsifying agents, or pH buffering agents. These compositions can take the form of solutions, suspensions, emulsion, tablets, pills, capsules, powders, sustained-release formulations and the like. Oral formulations can include standard carriers such as pharmaceutical grades of mannitol, lactose, starch, magnesium stearate, sodium saccharine, cellulose, magnesium carbonate, etc. Examples of suitable pharmaceutical agents are described in "Remington's Pharmaceutical Sciences." Such compositions will contain a prophylactically or therapeutically effective amount of the antibody or fragment thereof, preferably in purified form, together with a suitable amount of carrier so as to provide the form for proper administration to the patient. The formulation should suit the mode of administration, which can be oral, intravenous, intraarterial, intrabuccal, intranasal, nebulized, bronchial inhalation, or delivered by mechanical ventilation.

Passive transfer of antibodies, known as artificially acquired passive immunity, generally will involve the use of intravenous or intramuscular injections. Such immunity generally lasts for only a short period of time, and there is also a potential risk for hypersensitivity reactions, and serum sickness, especially from gamma globulin of non-human origin. However, passive immunity provides immediate protection. The antibodies will be formulated in a carrier suitable for injection, i.e., sterile and syringeable.

Generally, the ingredients of compositions of the invention are supplied either separately or mixed together in unit dosage form, for example, as a dry lyophilized powder or water-free concentrate in a hermetically sealed container such as an ampoule or sachette indicating the quantity of active agent. Where the composition is to be administered by infusion, it can be dispensed with an infusion bottle containing sterile pharmaceutical grade water or saline. Where the composition is administered by injection, an ampoule of sterile water for injection or saline can be provided so that the ingredients may be mixed prior to administration.

The compositions of the invention can be formulated as neutral or salt forms. Pharmaceutically acceptable salts include those formed with anions such as those derived from hydrochloric, phosphoric, acetic, oxalic, tartaric acids, etc., and those formed with cations such as those derived from sodium, potassium, ammonium, calcium, ferric hydroxides, isopropylamine, triethylamine, 2-ethylamino ethanol, histidine, procaine, etc.

### B. Cardiac Therapy

In one aspect of the present invention, there is provided a method inhibiting pathologic cardiac remodeling with LRP5/6 antibodies. The cardiac remodeling may be associated with various aspects of cardiac disease, such as cardiac hypertrophy, dilated cardiomyopathy and heart failure. The treatment would comprise provision of the antibody in any of the aforementioned routes when formulated appropriately for that delivery mode. In particular, intravenous injection (systemic or into the cardiac vasculature) and intracardiac (muscular) injection are envisioned. Repeated treatments (2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 25, 50 or more) over extended periods (24 hrs, 48 hrs, 72 hrs, 1 wk, 2 wk, 3 wk, 4 wk, 1 month, 2 months, 3 months, 4 months, 5 months, 6 months, 1 year or longer) are contemplated.

In certain embodiments, the antibodies of the present invention may be combined with "traditional" cardiac therapeutics. This process may involve administering to the patient the antibody of the present invention the other agent(s) at the same time. This may be achieved by use of a single pharmaceutical composition that includes both agents, or by administering two distinct compositions at the same time, wherein one composition includes the antibody of the present invention and the other includes the second agent(s). The two therapies may be given in either order and may precede or follow the other treatment by intervals ranging from minutes to weeks. In embodiments where the other agents are applied separately, one would generally ensure that a significant period of time did not expire between the time of each delivery, such that the agents would still be able to exert an advantageously combined effect on the patient. In such instances, it is contemplated that one may administer both modalities within about 12-24 h of each other and, more preferably, within about 6-12 h of each other. In some situations, it may be desirable to extend the time period for treatment significantly, however, where several d (2, 3, 4, 5, 6 or 7) to several wk (1, 2, 3, 4, 5, 6, 7 or 8) lapse between the respective administrations.

Non-limiting examples of such pharmacological therapeutic agents for heart disease that may be used in combination with the antibodies of the present invention include an antihyperlipoproteinemic agent, an antiarteriosclerotic agent, an antithrombotic/fibrinolytic agent, a blood coagulant, an antiarrhythmic agent, an antihypertensive agent, a vasopressor, a treatment agent for congestive heart failure, an antianginal agent, an antibacterial agent, surgery or a combination thereof. Various combinations may be employed, the antibody treatment of the present invention is "A" and the secondary treatment is "B":

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A/B/A	B/A/B	B/B/A	A/A/B	A/B/B	B/A/A	A/B/B/B	B/A/B/B
B/B/B/A	B/B/A/B	A/A/B/B	A/B/A/B	A/B/B/A	B/B/B/A	B/B/A/A	
B/A/B/A	B/A/A/B	A/A/A/B	B/A/A/A	A/B/A/A	A/A/B/A		

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Administration of the secondary agent will follow general protocols for that drug, taking into account the toxicity, if any. It is expected that the treatment cycles would be repeated as necessary. Some non-limiting examples are provided below.

#### i. Antihyperlipoproteinemics

In certain embodiments, administration of an agent that lowers the concentration of one of more blood lipids and/or lipoproteins, known herein as an "antihyperlipoproteinemic," may be combined with a cardiovascular therapy according to the present invention, particularly in treatment of atherosclerosis and thickenings or blockages of vascular tissues. In certain aspects, an antihyperlipoproteinemic agent may comprise an aryloxyalkanoic/fibric acid derivative, a resin/bile acid sequesterant, a HMG CoA reductase inhibitor, a nicotinic acid derivative, a thyroid hormone or thyroid hormone analog, a miscellaneous agent or a combination thereof.

##### a. Aryloxyalkanoic Acid/Fibric Acid Derivatives

Non-limiting examples of aryloxyalkanoic/fibric acid derivatives include beclobrate, enzaifibrate, binifibrate, ciprofibrate, clinofibrate, clofibrate (atromide-S), clofibrac acid, etofibrate, fenofibrate, gemfibrozil (lobid), nicofibrate, pirifibrate, ronifibrate, simfibrate and theofibrate.

##### b. Resins/Bile Acid Sequesterants

Non-limiting examples of resins/bile acid sequesterants include cholestyramine (cholybar, questran), colestipol (colestid) and polidexide.

## 19

## c. HMG CoA Reductase Inhibitors

Non-limiting examples of HMG CoA reductase inhibitors include lovastatin (mevacor), pravastatin (pravochol) or simvastatin (zocor).

## d. Nicotinic Acid Derivatives

Non-limiting examples of nicotinic acid derivatives include nicotinate, acepimox, niceritrol, nicoclonate, nicomol and oxiniac acid.

## e. Thyroid Hormones and Analogs

Non-limiting examples of thyroid hormones and analogs thereof include etoroxate, thyropropic acid and thyroxine.

## f. Miscellaneous Antihyperlipoproteinemics

Non-limiting examples of miscellaneous antihyperlipoproteinemics include acifran, azacosterol, benfluorex,  $\beta$ -benzalbutyramide, carnitine, chondroitin sulfate, clomestron, detaxtran, dextran sulfate sodium, 5,8,11,14,17-eicosapentaenoic acid, eritadenine, furazabol, meglutol, melinamide, mytatrienediol, ornithine,  $\gamma$ -oryzanol, pantethine, pentaerythritol tetraacetate,  $\alpha$ -phenylbutyramide, pirozadil, probucol (loreco),  $\beta$ -sitosterol, sultosilic acid-piperazine salt, tiadenol, triparanol and xenbucin.

## ii. Antiarteriosclerotics

Non-limiting examples of an antiarteriosclerotic include pyridinol carbamate.

## iii. Antithrombotic/Fibrinolytic Agents

In certain embodiments, administration of an agent that aids in the removal or prevention of blood clots may be combined with administration of a modulator, particularly in treatment of atherosclerosis and vasculature (e.g., arterial) blockages. Non-limiting examples of antithrombotic and/or fibrinolytic agents include anticoagulants, anticoagulant antagonists, antiplatelet agents, thrombolytic agents, thrombolytic agent antagonists or combinations thereof.

In certain aspects, antithrombotic agents that can be administered orally, such as, for example, aspirin and warfarin (coumadin), are preferred.

## a. Anticoagulants

A non-limiting example of an anticoagulant include acenocoumarol, anicrod, anisindione, bromindione, clorindione, coumatrol, cyclocoumarol, dextran sulfate sodium, dicoumarol, diphenadione, ethyl biscoumacetate, ethylidene dicoumarol, fluidione, heparin, hirudin, lyapolate sodium, oxazidione, pentosan polysulfate, phenindione, phenprocoumon, phosvitin, picotamide, tiocloamarol and warfarin.

## b. Antiplatelet Agents

Non-limiting examples of antiplatelet agents include aspirin, a dextran, dipyridamole (persantin), heparin, sulfinpyrazone (anturane) and ticlopidine (ticlid).

## c. Thrombolytic Agents

Non-limiting examples of thrombolytic agents include tissue plasminogen activator (activase), plasmin, pro-urokinase, urokinase (abbokinase) streptokinase (streptase), anistreplase/APSAC (eminase).

## iv. Blood Coagulants

In certain embodiments wherein a patient is suffering from a hemorrhage or an increased likelihood of hemorrhaging, an agent that may enhance blood coagulation may be used. Non-limiting examples of a blood coagulation promoting agent include thrombolytic agent antagonists and anticoagulant antagonists.

## a. Anticoagulant Antagonists

Non-limiting examples of anticoagulant antagonists include protamine and vitamin K1.

## b. Thrombolytic Agent Antagonists and Antithrombotics

Non-limiting examples of thrombolytic agent antagonists include amicroproic acid (amicar) and tranexamic acid (amstat). Non-limiting examples of antithrombotics include

## 20

anagrelide, argatroban, cilastazol, daltroban, defibrotide, enoxaparin, fraxiparine, indobufen, lamoparan, ozagrel, picotamide, plafibrade, tedelparin, ticlopidine and triflusal.

## v. Antiarrhythmic Agents

Non-limiting examples of antiarrhythmic agents include Class I antiarrhythmic agents (sodium channel blockers), Class II antiarrhythmic agents (beta-adrenergic blockers), Class II antiarrhythmic agents (repolarization prolonging drugs), Class IV antiarrhythmic agents (calcium channel blockers) and miscellaneous antiarrhythmic agents.

## a. Sodium Channel Blockers

Non-limiting examples of sodium channel blockers include Class IA, Class IB and Class IC antiarrhythmic agents. Non-limiting examples of Class IA antiarrhythmic agents include disopyramide (norpace), procainamide (pronestyl) and quinidine (quinidex). Non-limiting examples of Class IB antiarrhythmic agents include lidocaine (xylocaine), tocainide (tonocard) and mexiletine (mexitil). Non-limiting examples of Class IC antiarrhythmic agents include encainide (enkaide) and flecainide (tambocor).

## b. Beta Blockers

Non-limiting examples of a beta blocker, otherwise known as a  $\beta$ -adrenergic blocker, a  $\beta$ -adrenergic antagonist or a Class II antiarrhythmic agent, include acebutolol (sectral), alprenolol, amosulalol, arotinolol, atenolol, befunolol, betaxolol, bevantolol, bisoprolol, bopindolol, bucumolol, bufetolol, bufuralol, bunitrolol, bupranolol, butidine hydrochloride, butofilolol, carazolol, carteolol, carvedilol, celiprolol, cetamolol, cloranolol, dilevalol, epanolol, esmolol (brevibloc), indenolol, labetalol, levobunolol, mepindolol, metipranolol, metoprolol, moprolol, nadolol, nadoxolol, nifenalol, nipradilol, oxprenolol, penbutolol, pindolol, practolol, prone-thalol, propranolol (inalderal), sotalol (betapace), sulfinalol, talinolol, tertatolol, timolol, toliprolol and xibinolol. In certain aspects, the beta blocker comprises an aryloxypropanolamine derivative. Non-limiting examples of aryloxypropanolamine derivatives include acebutolol, alprenolol, arotinolol, atenolol, betaxolol, bevantolol, bisoprolol, bopindolol, bunitrolol, butofilolol, carazolol, carteolol, carvedilol, celiprolol, cetamolol, epanolol, indenolol, mepindolol, metipranolol, metoprolol, moprolol, nadolol, nipradilol, oxprenolol, penbutolol, pindolol, propranolol, talinolol, tertatolol, timolol and toliprolol.

## c. Repolarization Prolonging Agents

Non-limiting examples of an agent that prolong repolarization, also known as a Class III antiarrhythmic agent, include amiodarone (cordarone) and sotalol (betapace).

## d. Calcium Channel Blockers/Antagonist

Non-limiting examples of a calcium channel blocker, otherwise known as a Class IV antiarrhythmic agent, include an arylalkylamine (e.g., bepridil, diltiazem, fendiline, gallopamil, prenylamine, terodiline, verapamil), a dihydropyridine derivative (felodipine, isradipine, nifedipine, nimodipine, nisoldipine, nitrendipine) a piperazine derivative (e.g., cinnarizine, flunarizine, lidoflazine) or a miscellaneous calcium channel blocker such as benecyclane, etafenone, magnesium, mibefradil or perhexiline. In certain embodiments a calcium channel blocker comprises a long-acting dihydropyridine (nifedipine-type) calcium antagonist.

## e. Miscellaneous Antiarrhythmic Agents

Non-limiting examples of miscellaneous antiarrhythmic agents include adenine (adenocard), digoxin (lanoxin), acecainide, ajmaline, amoproxan, aprindine, bretylium tosylate, bunaftine, butobendine, capobenic acid, cifenline, disopyranide, hydroquinidine, indecainide, ipatropium bromide, lidocaine, lorajmine, lorcanide, meobentine,



## 21

moricizine, pirlmenol, prajmaline, propafenone, pyrinoline, quinidine polygalacturonate, quinidine sulfate and viquidil.

vi. Antihypertensive Agents

Non-limiting examples of antihypertensive agents include sympatholytic, alpha/beta blockers, alpha blockers, anti-angiotensin II agents, beta blockers, calcium channel blockers, vasodilators and miscellaneous antihypertensives.

a. Alpha Blockers

Non-limiting examples of an alpha blocker, also known as an  $\alpha$ -adrenergic blocker or an  $\alpha$ -adrenergic antagonist, include amosulalol, arotinolol, dapiprazole, doxazosin, ergoloid mesylates, fenspiride, indoramin, labetalol, nicergoline, prazosin, terazosin, tolazoline, trimazosin and yohimbine. In certain embodiments, an alpha blocker may comprise a quinazoline derivative. Non-limiting examples of quinazoline derivatives include alfuzosin, bunazosin, doxazosin, prazosin, terazosin and trimazosin.

b. Alpha/Beta Blockers

In certain embodiments, an antihypertensive agent is both an alpha and beta adrenergic antagonist. Non-limiting examples of an alpha/beta blocker comprise labetalol (normodyne, trandate).

c. Anti-Angiotension II Agents

Non-limiting examples of anti-angiotension II agents include include angiotensin converting enzyme inhibitors and angiotension II receptor antagonists. Non-limiting examples of angiotension converting enzyme inhibitors (ACE inhibitors) include alacepril, enalapril (vasotec), captopril, cilazapril, delapril, enalaprilat, fosinopril, lisinopril, movaltopril, perindopril, quinapril and ramipril. Non-limiting examples of an angiotension II receptor blocker, also known as an angiotension II receptor antagonist, an ANG receptor blocker or an ANG-II type-1 receptor blocker (ARBS), include angiocandesartan, eprosartan, irbesartan, losartan and valsartan.

d. Sympatholytics

Non-limiting examples of a sympatholytic include a centrally acting sympatholytic or a peripherally acting sympatholytic. Non-limiting examples of a centrally acting sympatholytic, also known as an central nervous system (CNS) sympatholytic, include clonidine (catapres), guanabenz (wyntensin) guanfacine (tenex) and methyldopa (aldomet). Non-limiting examples of a peripherally acting sympatholytic include a ganglion blocking agent, an adrenergic neuron blocking agent, a  $\beta$ -adrenergic blocking agent or a  $\alpha$ 1-adrenergic blocking agent. Non-limiting examples of a ganglion blocking agent include mecamlamine (inversine) and trimethaphan (arfonad). Non-limiting of an adrenergic neuron blocking agent include guanethidine (ismelin) and reserpine (serpasil). Non-limiting examples of a  $\beta$ -adrenergic blocker include aceintolol (seclal), atenolol (tenormin), betaxolol (kerlone), carteolol (cartrol), labetalol (normodyne, trandate), metoprolol (lopressor), nadanol (corgard), penbutolol (levatol), pindolol (visken), propranolol (inalderal) and timolol (blocadren). Non-limiting examples of  $\alpha$ 1-adrenergic blocker include prazosin (minipress), doxazocin (cardura) and terazosin (hytrin).

e. Vasodilators

In certain embodiments a cardiovascular therapeutic agent may comprise a vasodilator (e.g., a cerebral vasodilator, a coronary vasodilator or a peripheral vasodilator). In certain preferred embodiments, a vasodilator comprises a coronary vasodilator. Non-limiting examples of a coronary vasodilator include amotriphene, bendazol, benfurodil hemisuccinate, benziodarone, chloracizine, chromonar, clobenfurol, clonitrate, dilazep, dipyrindamole, droprenilamine, efloxate, erythrityl tetranitrate, etafenone, fendiline, floredil, ganglefene,

## 22

herestrol bis( $\beta$ -diethylaminoethyl ether), hexobendine, itramin tosylate, khellin, lidoflanine, mannitol hexanitrate, medibazine, nicorglycerin, pentaerythritol tetranitrate, pentritinol, perhexiline, pimefylline, trapidil, tricromyl, trimetazidine, trolnitrate phosphate and visnadine.

In certain aspects, a vasodilator may comprise a chronic therapy vasodilator or a hypertensive emergency vasodilator. Non-limiting examples of a chronic therapy vasodilator include hydralazine (apresoline) and minoxidil (loniten). Non-limiting examples of a hypertensive emergency vasodilator include nitroprusside (nipride), diazoxide (hyperstat IV), hydralazine (apresoline), minoxidil (loniten) and verapamil.

f. Miscellaneous Antihypertensives

Non-limiting examples of miscellaneous antihypertensives include ajmaline,  $\gamma$ -aminobutyric acid, bufeniode, cicletamine, ciclosidomine, a cryptenamine tannate, fenoldopam, flosequinan, ketanserine, mebutamate, mecamlamine, methyldopa, methyl 4-pyridyl ketone thiosemicarbazone, muzolimine, pargyline, pempidine, pinacidil, piperoxan, primaperone, a protoveratrine, raubasine, rescimetol, rilmenidene, saralasin, sodium nitrorusside, ticrynafen, trimethaphan camsylate, tyrosinase and urapidil.

In certain aspects, an antihypertensive may comprise an aryethanolamine derivative, a benzothiadiazine derivative, a N-carboxyalkyl(peptide/lactam) derivative, a dihydropyridine derivative, a guanidine derivative, a hydrazines/phthalazine, an imidazole derivative, a quaternary ammonium compound, a reserpine derivative or a sulfonamide derivative.

Aryethanolamine Derivatives. Non-limiting examples of aryethanolamine derivatives include amosulalol, bufuralol, dilevalol, labetalol, pronethalol, sotalol and sulfinalol.

Benzothiadiazine Derivatives. Non-limiting examples of benzothiadiazine derivatives include althizide, bendroflumethiazide, benzthiazide, benzylhydrochlorothiazide, buthiazide, chlorothiazide, chlorthalidone, cyclopenthiazide, cyclothiazide, diazoxide, epithiazide, ethiazide, fenquizone, hydrochlorothiazide, hydroflumethiazide, methyclothiazide, meticrane, metolazone, paraflutizide, polythiazide, tetrachlormethiazide and trichlormethiazide.

N-carboxyalkyl(peptide/lactam) Derivatives. Non-limiting examples of N-carboxyalkyl(peptide lactam) derivatives include alacepril, captopril, cilazapril, delapril, enalapril, enalaprilat, fosinopril, lisinopril, movaltipril, perindopril, quinapril and ramipril.

Dihydropyridine Derivatives. Non-limiting examples of dihydropyridine derivatives include amlodipine, felodipine, isradipine, nifedipine, nifedipine, nilvadipine, nisoldipine and nitrendipine.

Guanidine Derivatives. Non-limiting examples of guanidine derivatives include bethanidine, debrisoquin, guanabenz, guanacine, guanadrel, guanazodine, guanethidine, guanfacine, guanochlor, guanoxabenz and guanoxan.

Hydrazines/Phthalazines. Non-limiting examples of hydrazines/phthalazines include budralazine, cadralazine, dihydralazine, endralazine, hydracarbazine, hydralazine, pheniprazine, pildralazine and todralazine.

Imidazole Derivatives. Non-limiting examples of imidazole derivatives include clonidine, lofexidine, phentolamine, tiamenidine and tonididine.

Quaternary Ammonium Compounds. Non-limiting examples of quaternary ammonium compounds include azamethonium bromide, chlorisondamine chloride, hexamethonium, pentacynium bis(methylsulfate), pentamethonium bromide, pentolinium tartrate, phenactropinium chloride and trimethidinium methosulfate.

Reserpine Derivatives. Non-limiting examples of reserpine derivatives include bietaserpine, deserpidine, rescinnamine, reserpine and syrosingopine.

Sulfonamide Derivatives. Non-limiting examples of sulfonamide derivatives include ambuside, clopamide, furosemide, indapamide, quinethazone, tripamide and xipamide.

g. Vasopressors

Vasopressors generally are used to increase blood pressure during shock, which may occur during a surgical procedure. Non-limiting examples of a vasopressor, also known as an antihypotensive, include amezinium methyl sulfate, angiotensin amide, dimetofrine, dopamine, etifelmin, etilefrin, gepefrine, metaraminol, midodrine, norepinephrine, pholedrine and Synephrine.

vii. Treatment Agents for Congestive Heart Failure

Non-limiting examples of agents for the treatment of congestive heart failure include anti-angiotension II agents, afterload-preload reduction treatment, diuretics and inotropic agents.

a. Afterload-Preload Reduction

In certain embodiments, an animal patient that can not tolerate an angiotension antagonist may be treated with a combination therapy. Such therapy may combine administration of hydralazine (apresoline) and isosorbide dinitrate (isordil, sorbitrate).

b. Diuretics

Non-limiting examples of a diuretic include a thiazide or benzothiadiazine derivative (e.g., althiazide, bendroflumethazide, benzthiazide, benzylhydrochlorothiazide, buthiazide, chlorothiazide, chlorothiazide, chlorthalidone, cyclopenthi-  
azide, epithiazide, ethiazide, ethiazide, fenquizone, hydro-  
chlorothiazide, hydroflumethiazide, methyclothiazide, meti-  
crane, metolazone, paraflutizide, polythizide, tetrachloromethiazide, trichloromethiazide), an organomercurial (e.g., chlormerodrin, meralluride, mercamphamide, mer-  
captomerin sodium, mercumallylic acid, mercumatilin  
dodium, mercurous chloride, mersalyl), a pteridine (e.g., fur-  
terene, triamterene), purines (e.g., acefylline, 7-morpholi-  
nomethyltheophylline, pamobrom, protheobromine, theo-  
bromine), steroids including aldosterone antagonists (e.g.,  
canrenone, oleandrin, spironolactone), a sulfonamide deriva-  
tive (e.g., acetazolamide, ambuside, azosemide, bumetanide,  
butazolamide, chloraminophenamide, clofenamide, clopam-  
ide, clorexolone, diphenylmethane-4,4'-disulfonamide, dis-  
ulfamide, ethoxzolamide, furosemide, indapamide, mefrusi-  
de, methazolamide, piretanide, quinethazone, torasemide,  
tripamide, xipamide), a uracil (e.g., aminometradine, ami-  
sometradine), a potassium sparing antagonist (e.g.,  
amiloride, triamterene) or a miscellaneous diuretic such as  
aminozine, arbutin, chlorazanol, ethacrynic acid, etozolin,  
hydracarbazine, isosorbide, mannitol, metochalcone,  
muzolimine, perhexiline, ticnafene and urea.

c. Inotropic Agents

Non-limiting examples of a positive inotropic agent, also known as a cardiotonic, include acefylline, an acetyldigi-  
toxin, 2-amino-4-picoline, amrinone, benfurodil hemisucci-  
nate, bucladesine, cerberosine, camphotamide, convalla-  
toxin, cymarlin, denopamine, deslanoside, digitalin, digitalis,  
digitoxin, digoxin, dobutamine, dopamine, dopexamine,  
enoximone, erythrophleine, fenalcomine, gitalin, gitoxin,  
glycocoyamine, heptaminol, hydrastinine, ibopamine, a lana-  
toside, metamivam, milrinone, nerifolin, oleandrin, ouabain,  
oxyfedrine, prenalterol, proscillaridine, resibufogenin, scil-  
laren, scillarenin, strphanthin, sulmazole, theobromine and  
xamoterol.

In particular aspects, an inotropic agent is a cardiac glyco-  
side, a beta-adrenergic agonist or a phosphodiesterase inhibi-

tor. Non-limiting examples of a cardiac glycoside includes  
digoxin (lanoxin) and digitoxin (crystodigin). Non-limiting  
examples of a  $\beta$ -adrenergic agonist include albuterol, bam-  
buterol, bitolterol, carbuterol, clenbuterol, clorprenaline,  
denopamine, dioxethedrine, dobutamine (dobutrex), dopam-  
ine (intropin), dopexamine, ephedrine, etafedrine, ethylnore-  
pinephrine, fenoterol, formoterol, hexoprenaline, ibopamine,  
isoetharine, isoproterenol, mabuterol, metaproterenol, meth-  
oxyphenamine, oxyfedrine, pirbuterol, procaterol, protokyl-  
lol, reproterol, rimiterol, ritodrine, soterol, terbutaline, tre-  
toquinol, tulobuterol and xamoterol. Non-limiting examples  
of a phosphodiesterase inhibitor include amrinone (inocor).

d. Antianginal Agents

Antianginal agents may comprise organonitrates, calcium  
channel blockers, beta blockers and combinations thereof.

Non-limiting examples of organonitrates, also known as  
nitrovasodilators, include nitroglycerin (nitro-bid, nitrostat),  
isosorbide dinitrate (isordil, sorbitrate) and amyl nitrate (as-  
pirol, vaporole).

viii. Surgical Therapeutic Agents

In certain aspects, the secondary therapeutic agent may  
comprise a surgery of some type, which includes, for  
example, preventative, diagnostic or staging, curative and  
palliative surgery. Surgery, and in particular a curative sur-  
gery, may be used in conjunction with other therapies, such as  
the present invention and one or more other agents.

Such surgical therapeutic agents for vascular and cardio-  
vascular diseases and disorders are well known to those of  
skill in the art, and may comprise, but are not limited to,  
performing surgery on an organism, providing a cardiovas-  
cular mechanical prostheses, angioplasty, coronary artery  
reperfusion, catheter ablation, providing an implantable car-  
dioverter defibrillator to the subject, mechanical circulatory  
support or a combination thereof. Non-limiting examples of a  
mechanical circulatory support that may be used in the  
present invention comprise an intra-aortic balloon counter-  
pulsation, left ventricular assist device or combination  
thereof.

C. Cancer Therapy

In one aspect of the present invention, there is provided a  
method inhibiting cancers and cancer cell growth with  
LRP5/6 antibodies. The inhibition may involve slowing a  
cancer's growth or metastasis, stopping its progression,  
reducing cancer burden or tumor size, or inducing apoptosis  
in cancers cells or necrosis in cancer tissue. The treatment  
would comprise provision of the antibody in an available  
route when formulated appropriately for that delivery mode.  
In particular, intravenous injection (systemic, regional to the  
tumor or into the tumor vasculature) and intratumoral injec-  
tion are envisioned. Repeated treatments (2, 3, 4, 5, 6, 7, 8, 9,  
10, 15, 20, 25, 50 or more) over extended periods (24 hrs, 48  
hrs, 72 hrs, 1 wk, 2 wk, 3 wk, 4 wk, 1 month, 2 months, 3  
months, 4 months, 5 months, 6 months, 1 year or longer) are  
contemplated.

In certain embodiments, the antibodies of the present  
invention may be combined with "traditional" anti-cancer  
therapeutics. This process may involve administering to the  
patient the antibody of the present invention the other agent(s)  
at the same time. This may be achieved by use of a single  
pharmaceutical composition that includes both agents, or by  
administering two distinct compositions at the same time,  
wherein one composition includes the antibody of the present  
invention and the other includes the second agent(s). The two  
therapies may be given in either order and may precede or  
follow the other treatment by intervals ranging from minutes

to weeks. In embodiments where the other agents are applied separately, one would generally ensure that a significant period of time did not expire between the time of each delivery, such that the agents would still be able to exert an advantageously combined effect on the patient. In such instances, it is contemplated that one may administer both modalities within about 12-24 h of each other and, more preferably, within about 6-12 h of each other. In some situations, it may be desirable to extend the time period for treatment significantly, however, where several d (2, 3, 4, 5, 6 or 7) to several wk (1, 2, 3, 4, 5, 6, 7 or 8) lapse between the respective administrations.

Non-limiting examples of such therapeutic agents for cancer that may be used in combination with the antibodies of the present invention include an chemotherapeutics, radiotherapeutics, immunotherapeutics, hormonal therapy, toxin therapy, gene therapy cryotherapy, surgery or a combination thereof. Various combinations may be employed, the antibody treatment of the present invention is "A" and the secondary treatment is "B":

A/B/A	B/A/B	B/B/A	A/A/B	A/B/B	B/A/A	A/B/B/B	B/A/B/B
B/B/B/A	B/B/A/B	A/A/B/B	A/B/A/B	A/B/B/A	B/B/A/A	B/B/A/A	B/B/A/A
B/A/B/A	B/A/A/B	A/A/A/B	B/A/A/A	A/B/A/A	A/A/B/A	A/A/B/A	

Administration of the secondary agent will follow general protocols for that drug, taking into account the toxicity, if any. It is expected that the treatment cycles would be repeated as necessary. Some non-limiting examples are provided below.

#### i. Chemotherapy

Cancer therapies also include a variety of combination therapies with both chemical and radiation based treatments. Combination chemotherapies include, for example, cisplatin (CDDP), carboplatin, procarbazine, mechlorethamine, cyclophosphamide, camptothecin, ifosfamide, melphalan, chlorambucil, busulfan, nitrosurea, dactinomycin, daunorubicin, doxorubicin, bleomycin, plicomycin, mitomycin, etoposide (VP16), tamoxifen, raloxifene, estrogen receptor binding agents, taxol, gemcitabine, navelbine, farnesyl-protein transferase inhibitors, transplatin, 5-fluorouracil, vincristine, vinblastine and methotrexate, Temazolomide (an aqueous form of DTIC), or any analog or derivative variant of the foregoing. The combination of chemotherapy with biological therapy is known as biochemotherapy.

#### ii. Radiotherapy

Factors that cause DNA damage and have been used extensively include what are commonly known as  $\gamma$ -rays, X-rays, and/or the directed delivery of radioisotopes to tumor cells. Other forms of DNA damaging factors are also contemplated such as microwaves and UV-irradiation. It is most likely that all of these factors effect a broad range of damage on DNA, on the precursors of DNA, on the replication and repair of DNA, and on the assembly and maintenance of chromosomes. Dosage ranges for X-rays range from daily doses of 50 to 200 roentgens for prolonged periods of time (3 to 4 wk), to single doses of 2000 to 6000 roentgens. Dosage ranges for radioisotopes vary widely, and depend on the half-life of the isotope, the strength and type of radiation emitted, and the uptake by the neoplastic cells.

The terms "contacted" and "exposed," when applied to a cell, are used herein to describe the process by which a therapeutic construct and a chemotherapeutic or radiotherapeutic agent are delivered to a target cell or are placed in direct juxtaposition with the target cell. To achieve cell killing or stasis, both agents are delivered to a cell in a combined amount effective to kill the cell or prevent it from dividing.

#### iii. Immunotherapy

Immunotherapeutics, generally, rely on the use of immune effector cells and molecules to target and destroy cancer cells. The immune effector may be, for example, an antibody specific for some marker on the surface of a tumor cell. The antibody alone may serve as an effector of therapy or it may recruit other cells to actually effect cell killing. Alternatively, the effector may be a lymphocyte carrying a surface molecule that interacts, either directly or indirectly, with a tumor cell target. Various effector cells include cytotoxic T cells and NK cells. The combination of therapeutic modalities, i.e., direct cytotoxic activity and inhibition or reduction of certain poxvirus polypeptides would provide therapeutic benefit in the treatment of cancer.

Immunotherapy could also be used as part of a combined therapy. The general approach for combined therapy is discussed below. In one aspect of immunotherapy, the tumor cell must bear some marker that is amenable to targeting, i.e., is not present on the majority of other cells. Many tumor markers exist and any of these may be suitable for targeting in the context of the present invention. Common tumor markers include carcinoembryonic antigen, prostate specific antigen, urinary tumor associated antigen, fetal antigen, tyrosinase (p97), gp68, TAG-72, HMFG, Sialyl Lewis Antigen, MucA, MucB, PLAP, estrogen receptor, laminin receptor, erb B and p155. An alternative aspect of immunotherapy is to anticancer effects with immune stimulatory effects. Immune stimulating molecules also exist including: cytokines such as IL-2, IL-4, IL-12, GM-CSF, IFN $\gamma$ , chemokines such as MIP-1, MCP-1, IL-8 and growth factors such as FLT3 ligand. Combining immune stimulating molecules, either as proteins or using gene delivery in combination with a tumor suppressor such as mda-7 has been shown to enhance anti-tumor effects (Ju et al., 2000).

As discussed earlier, examples of immunotherapies currently under investigation or in use are immune adjuvants (e.g., *Mycobacterium bovis*, *Plasmodium falciparum*, dinitrochlorobenzene and aromatic compounds) (U.S. Pat. No. 5,801,005; U.S. Pat. No. 5,739,169; Hui and Hashimoto, 1998; Christodoulides et al., 1998), cytokine therapy (e.g., interferons  $\alpha$ ,  $\beta$  and  $\gamma$ ; IL-1, GM-CSF and TNF) (Bukowski et al., 1998; Davidson et al., 1998; Hellstrand et al., 1998) gene therapy (e.g., TNF, IL-1, IL-2, p53) (Qin et al., 1998; Austin-Ward and Villaseca, 1998; U.S. Pat. No. 5,830,880 and U.S. Pat. No. 5,846,945) and monoclonal antibodies (e.g., anti-ganglioside GM2, anti-HER-2, anti-p185) (Pietras et al., 1998; Hanibuchi et al., 1998; U.S. Pat. No. 5,824,311). Herceptin (trastuzumab) is a chimeric (mouse-human) monoclonal antibody that blocks the HER2-neu receptor. It possesses anti-tumor activity and has been approved for use in the treatment of malignant tumors (Dillman, 1999). Combination therapy of cancer with herceptin and chemotherapy has been shown to be more effective than the individual therapies. Thus, it is contemplated that one or more anti-cancer therapies may be employed with the poxvirus-related therapies described herein.

Passive Immunotherapy. A number of different approaches for passive immunotherapy of cancer exist. They may be broadly categorized into the following: injection of antibodies alone; injection of antibodies coupled to toxins or chemotherapeutic agents; injection of antibodies coupled to radioactive isotopes; injection of anti-idiotype antibodies; and finally, purging of tumor cells in bone marrow.

Preferably, human monoclonal antibodies are employed in passive immunotherapy, as they produce few or no side effects in the patient. However, their application is somewhat limited by their scarcity and have so far only been adminis-

tered intralesionally. Human monoclonal antibodies to ganglioside antigens have been administered intralesionally to patients suffering from cutaneous recurrent melanoma (Irie and Morton, 1986). Regression was observed in six out of ten patients, following, daily or weekly, intralesional injections. In another study, moderate success was achieved from intralesional injections of two human monoclonal antibodies (Irie et al., 1989).

It may be favorable to administer more than one monoclonal antibody directed against two different antigens or even antibodies with multiple antigen specificity. Treatment protocols also may include administration of lymphokines or other immune enhancers as described by Bajorin et al. (1988). The development of human monoclonal antibodies is described in further detail elsewhere in the specification.

Active Immunotherapy. In active immunotherapy, an antigenic peptide, polypeptide or protein, or an autologous or allogenic tumor cell composition or "vaccine" is administered, generally with a distinct bacterial adjuvant (Ravindranath and Morton, 1991; Morton et al., 1992; Mitchell et al., 1990; Mitchell et al., 1993). In melanoma immunotherapy, those patients who elicit high IgM response often survive better than those who elicit no or low IgM antibodies (Morton et al., 1992). IgM antibodies are often transient antibodies and the exception to the rule appears to be anti-ganglioside or anti-carbohydrate antibodies.

Adoptive Immunotherapy. In adoptive immunotherapy, the patient's circulating lymphocytes, or tumor infiltrated lymphocytes, are isolated in vitro, activated by lymphokines such as IL-2 or transduced with genes for tumor necrosis, and readministered (Rosenberg et al., 1988; 1989). To achieve this, one would administer to an animal, or human patient, an immunologically effective amount of activated lymphocytes in combination with an adjuvant-incorporated antigenic peptide composition as described herein. The activated lymphocytes will most preferably be the patient's own cells that were earlier isolated from a blood or tumor sample and activated (or "expanded") in vitro. This form of immunotherapy has produced several cases of regression of melanoma and renal carcinoma, but the percentage of responders were few compared to those who did not respond.

#### iv. Gene Therapy

In yet another embodiment, the secondary treatment is a gene therapy. In one aspect, the gene therapy may seek to inhibit a protein product that induces cellular proliferation. For example, a form of PDGF, the *sis* oncogene, is a secreted growth factor. Oncogenes rarely arise from genes encoding growth factors, and at the present, *sis* is the only known naturally-occurring oncogenic growth factor. In one embodiment of the present invention, it is contemplated that antisense mRNA directed to a particular inducer of cellular proliferation is used to prevent expression of the inducer of cellular proliferation.

The proteins FMS, ErbA, ErbB and neu are growth factor receptors. Mutations to these receptors result in loss of regulatable function. For example, a point mutation affecting the transmembrane domain of the Neu receptor protein results in the neu oncogene. The *erbA* oncogene is derived from the intracellular receptor for thyroid hormone. The modified oncogenic ErbA receptor is believed to compete with the endogenous thyroid hormone receptor, causing uncontrolled growth.

The largest class of oncogenes includes the signal transducing proteins (e.g., Src, Abl and Ras). The protein Src is a cytoplasmic protein-tyrosine kinase, and its transformation from proto-oncogene to oncogene in some cases, results via mutations at tyrosine residue 527. In contrast, transformation

of GTPase protein ras from proto-oncogene to oncogene, in one example, results from a valine to glycine mutation at amino acid 12 in the sequence, reducing ras GTPase activity.

The proteins Jun, Fos and Myc are proteins that directly exert their effects on nuclear functions as transcription factors.

In a different embodiment, the gene therapy is a replacement therapy, where the gene product to be delivered restore normal growth regulation, inhibits cancer cell growth or even kills the cancer cells. The tumor suppressor oncogenes function to inhibit excessive cellular proliferation. The inactivation of these genes destroys their inhibitory activity, resulting in unregulated proliferation. The tumor suppressors p53, p16 and C-CAM are described below.

In addition to p53, which has been described above, another inhibitor of cellular proliferation is p16. The major transitions of the eukaryotic cell cycle are triggered by cyclin-dependent kinases, or CDK's. One CDK, cyclin-dependent kinase 4 (CDK4), regulates progression through the G<sub>1</sub>. The activity of this enzyme may be to phosphorylate Rb at late G<sub>1</sub>. The activity of CDK4 is controlled by an activating subunit, D-type cyclin, and by an inhibitory subunit, the p16<sup>INK4</sup> has been biochemically characterized as a protein that specifically binds to and inhibits CDK4, and thus may regulate Rb phosphorylation (Serrano et al., 1993; Serrano et al., 1995). Since the p16<sup>INK4</sup> protein is a CDK4 inhibitor (Serrano, 1993), deletion of this gene may increase the activity of CDK4, resulting in hyperphosphorylation of the Rb protein. p16 also is known to regulate the function of CDK6.

p16<sup>INK4</sup> belongs to a newly described class of CDK-inhibitory proteins that also includes p16<sup>B</sup>, p19, p21<sup>WAF1</sup>, and p27<sup>KIP1</sup>. The p16<sup>INK4</sup> gene maps to 9p21, a chromosome region frequently deleted in many tumor types. Homozygous deletions and mutations of the p16<sup>INK4</sup> gene are frequent in human tumor cell lines. This evidence suggests that the p16<sup>INK4</sup> gene is a tumor suppressor gene. This interpretation has been challenged, however, by the observation that the frequency of the p16<sup>INK4</sup> gene alterations is much lower in primary uncultured tumors than in cultured cell lines (Caldas et al., 1994; Cheng et al., 1994; Hussussian et al., 1994; Kamb et al., 1994; Kamb et al., 1994; Mori et al., 1994; Okamoto et al., 1994; Nobori et al., 1994; Orlow et al., 1994; Arap et al., 1995). Restoration of wild-type p16<sup>INK4</sup> function by transfection with a plasmid expression vector reduced colony formation by some human cancer cell lines (Okamoto, 1994; Arap, 1995).

Other genes that may be employed according to the present invention include Rb, APC, DCC, NF-1, NF-2, WT-1, MEN-I, MEN-II, *zac1*, p73, VHL, MMAC1/PTEN, DBCCR-1, FCC, *rsk-3*, p27, p27/p16 fusions, p21/p27 fusions, anti-thrombotic genes (e.g., COX-1, TFPI), PGS, Dp, E2F, ras, myc, neu, raf, erb, fms, trk, ret, gsp, hst, abl, E1A, p300, genes involved in angiogenesis (e.g., VEGF, FGF, thrombospondin, BAI-1, GDAIF, or their receptors) and MCC.

Apoptosis, or programmed cell death, is an essential process for normal embryonic development, maintaining homeostasis in adult tissues, and suppressing carcinogenesis (Kerr et al., 1972). The Bcl-2 family of proteins and ICE-like proteases have been demonstrated to be important regulators and effectors of apoptosis in other systems. The Bcl-2 protein, discovered in association with follicular lymphoma, plays a prominent role in controlling apoptosis and enhancing cell survival in response to diverse apoptotic stimuli (Bakshsi et al., 1985; Cleary and Sklar, 1985; Cleary et al., 1986; Tsujimoto et al., 1985; Tsujimoto and Croce, 1986). The evolutionarily conserved Bcl-2 protein now is recognized to

be a member of a family of related proteins, which can be categorized as death agonists or death antagonists.

Subsequent to its discovery, it was shown that Bcl-2 acts to suppress cell death triggered by a variety of stimuli. Also, it now is apparent that there is a family of Bcl-2 cell death regulatory proteins which share in common structural and sequence homologies. These different family members have been shown to either possess similar functions to Bcl-2 (e.g., Bcl<sub>XL</sub>, Bcl<sub>M</sub>, Bcl<sub>S</sub>, Mcl-1, A1, Bfl-1) or counteract Bcl-2 function and promote cell death (e.g., Bax, Bak, Bik, Bim, Bid, Bad, Harakiri).

#### v. Surgery

Approximately 60% of persons with cancer will undergo surgery of some type, which includes preventative, diagnostic or staging, curative and palliative surgery. Curative surgery is a cancer treatment that may be used in conjunction with other therapies, such as the treatment of the present invention, chemotherapy, radiotherapy, hormonal therapy, gene therapy, immunotherapy and/or alternative therapies.

Curative surgery includes resection in which all or part of cancerous tissue is physically removed, excised, and/or destroyed. Tumor resection refers to physical removal of at least part of a tumor. In addition to tumor resection, treatment by surgery includes laser surgery, cryosurgery, electrosurgery, and microscopically controlled surgery (Mohs' surgery). It is further contemplated that the present invention may be used in conjunction with removal of superficial cancers, precancers, or incidental amounts of normal tissue.

Upon excision of part of all of cancerous cells, tissue, or tumor, a cavity may be formed in the body. Treatment may be accomplished by perfusion, direct injection or local application of the area with an additional anti-cancer therapy. Such treatment may be repeated, for example, every 1, 2, 3, 4, 5, 6, or 7 days, or every 1, 2, 3, 4, and 5 weeks or every 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12 months. These treatments may be of varying dosages as well.

#### vi. Other Agents

It is contemplated that other agents may be used in combination with the present invention to improve the therapeutic efficacy of treatment. These additional agents include immunomodulatory agents, agents that affect the upregulation of cell surface receptors and GAP junctions, cytostatic and differentiation agents, inhibitors of cell adhesion, agents that increase the sensitivity of the hyperproliferative cells to apoptotic inducers, or other biological agents. Immunomodulatory agents include tumor necrosis factor; interferon  $\alpha$ ,  $\beta$ , and  $\gamma$ ; IL-2 and other cytokines; F42K and other cytokine analogs; or MIP-1, MIP-1 $\beta$ , MCP-1, RANTES, and other chemokines. It is further contemplated that the upregulation of cell surface receptors or their ligands such as Fas/Fas ligand, DR4 or DR5/TRAIL (Apo-2 ligand) would potentiate the apoptotic inducing abilities of the present invention by establishment of an autocrine or paracrine effect on hyperproliferative cells. Increases in intercellular signaling by elevating the number of GAP junctions would increase the anti-hyperproliferative effects on the neighboring hyperproliferative cell population. In other embodiments, cytostatic or differentiation agents can be used in combination with the present invention to improve the anti-hyperproliferative efficacy of the treatments. Inhibitors of cell adhesion are contemplated to improve the efficacy of the present invention. Examples of cell adhesion inhibitors are focal adhesion kinase (FAKs) inhibitors and Lovastatin. It is further contemplated that other agents that increase the sensitivity of a hyperproliferative cell to apoptosis, such as the antibody c225, could be used in combination with the present invention to improve the treatment efficacy.

Apo2 ligand (Apo2L, also called TRAIL) is a member of the tumor necrosis factor (TNF) cytokine family. TRAIL activates rapid apoptosis in many types of cancer cells, yet is not toxic to normal cells. TRAIL mRNA occurs in a wide variety of tissues. Most normal cells appear to be resistant to TRAIL's cytotoxic action, suggesting the existence of mechanisms that can protect against apoptosis induction by TRAIL. The first receptor described for TRAIL, called death receptor 4 (DR4), contains a cytoplasmic "death domain"; DR4 transmits the apoptosis signal carried by TRAIL. Additional receptors have been identified that bind to TRAIL. One receptor, called DR5, contains a cytoplasmic death domain and signals apoptosis much like DR4. The DR4 and DR5 mRNAs are expressed in many normal tissues and tumor cell lines. Recently, decoy receptors such as DcR1 and DcR2 have been identified that prevent TRAIL from inducing apoptosis through DR4 and DR5. These decoy receptors thus represent a novel mechanism for regulating sensitivity to a pro-apoptotic cytokine directly at the cell's surface. The preferential expression of these inhibitory receptors in normal tissues suggests that TRAIL may be useful as an anticancer agent that induces apoptosis in cancer cells while sparing normal cells (Marsters et al., 1999).

There have been many advances in the therapy of cancer following the introduction of cytotoxic chemotherapeutic drugs. However, one of the consequences of chemotherapy is the development/acquisition of drug-resistant phenotypes and the development of multiple drug resistance. The development of drug resistance remains a major obstacle in the treatment of such tumors and therefore, there is an obvious need for alternative approaches such as gene therapy.

Another form of therapy for use in conjunction with chemotherapy, radiation therapy or biological therapy includes hyperthermia, which is a procedure in which a patient's tissue is exposed to high temperatures (up to 106° F.). External or internal heating devices may be involved in the application of local, regional, or whole-body hyperthermia. Local hyperthermia involves the application of heat to a small area, such as a tumor. Heat may be generated externally with high-frequency waves targeting a tumor from a device outside the body. Internal heat may involve a sterile probe, including thin, heated wires or hollow tubes filled with warm water, implanted microwave antennae, or radiofrequency electrodes.

A patient's organ or a limb is heated for regional therapy, which is accomplished using devices that produce high energy, such as magnets. Alternatively, some of the patient's blood may be removed and heated before being perfused into an area that will be internally heated. Whole-body heating may also be implemented in cases where cancer has spread throughout the body. Warm-water blankets, hot wax, inductive coils, and thermal chambers may be used for this purpose.

Hormonal therapy may also be used in conjunction with the present invention or in combination with any other cancer therapy previously described. The use of hormones may be employed in the treatment of certain cancers such as breast, prostate, ovarian, or cervical cancer to lower the level or block the effects of certain hormones such as testosterone or estrogen. This treatment is often used in combination with at least one other cancer therapy as a treatment option or to reduce the risk of metastases.

#### IV. ANTIBODY CONJUGATES

Antibodies of the present invention may be linked to at least one agent to form an antibody conjugate. In order to increase the efficacy of antibody molecules as diagnostic or

therapeutic agents, it is conventional to link or covalently bind or complex at least one desired molecule or moiety. Such a molecule or moiety may be, but is not limited to, at least one effector or reporter molecule. Effector molecules comprise molecules having a desired activity, e.g., cytotoxic activity. Non-limiting examples of effector molecules which have been attached to antibodies include toxins, anti-tumor agents, therapeutic enzymes and drugs, radionuclides, chelating agents, and oligo- or polynucleotides. By contrast, a reporter molecule is defined as any moiety which may be detected using an assay. Non-limiting examples of reporter molecules which have been conjugated to antibodies include enzymes, radiolabels, haptens, fluorescent labels, phosphorescent molecules, chemiluminescent molecules, chromophores, photo-affinity molecules, colored particles or ligands, such as biotin.

Antibody conjugates are generally preferred for use as diagnostic agents. Antibody diagnostics generally fall within two classes, those for use in *in vitro* diagnostics, such as in a variety of immunoassays, and those for use in *in vivo* diagnostic protocols, generally known as "antibody-directed imaging." Many appropriate imaging agents are known in the art, as are methods for their attachment to antibodies (see, for e.g., U.S. Pat. Nos. 5,021,236, 4,938,948, and 4,472,509). The imaging moieties used can be paramagnetic ions, radioactive isotopes, fluorochromes, NMR-detectable substances, and X-ray imaging agents.

In the case of paramagnetic ions, one might mention by way of example ions such as chromium (III), manganese (II), iron (III), iron (II), cobalt (II), nickel (II), copper (II), neodymium (III), samarium (III), ytterbium (III), gadolinium (III), vanadium (II), terbium (III), dysprosium (III), holmium (III) and/or erbium (III), with gadolinium being particularly preferred. Ions useful in other contexts, such as X-ray imaging, include but are not limited to lanthanum (III), gold (III), lead (II), and especially bismuth (III).

In the case of radioactive isotopes for therapeutic and/or diagnostic application, one might mention astatine<sup>211</sup>, <sup>14</sup>carbon, <sup>51</sup>chromium, <sup>36</sup>chlorine, <sup>57</sup>cobalt, <sup>58</sup>cobalt, copper<sup>67</sup>, <sup>152</sup>Eu, gallium<sup>67</sup>, <sup>3</sup>hydrogen, iodine<sup>123</sup>, iodine<sup>125</sup>, iodine<sup>131</sup>, indium<sup>111</sup>, <sup>59</sup>iron, <sup>32</sup>phosphorus, rhenium<sup>186</sup>, rhenium<sup>188</sup>, <sup>75</sup>selenium, <sup>35</sup>sulphur, technetium<sup>99m</sup> and/or yttrium<sup>90</sup>. <sup>125</sup>I is often being preferred for use in certain embodiments, and technetium<sup>99m</sup> and/or indium<sup>111</sup> are also often preferred due to their low energy and suitability for long range detection. Radioactively labeled monoclonal antibodies of the present invention may be produced according to well-known methods in the art. For instance, monoclonal antibodies can be iodinated by contact with sodium and/or potassium iodide and a chemical oxidizing agent such as sodium hypochlorite, or an enzymatic oxidizing agent, such as lactoperoxidase. Monoclonal antibodies according to the invention may be labeled with technetium<sup>99m</sup> by ligand exchange process, for example, by reducing pertechnetate with stannous solution, chelating the reduced technetium onto a Sephadex column and applying the antibody to this column. Alternatively, direct labeling techniques may be used, e.g., by incubating pertechnetate, a reducing agent such as  $\text{SnCl}_2$ , a buffer solution such as sodium-potassium phthalate solution, and the antibody. Intermediary functional groups which are often used to bind radioisotopes which exist as metallic ions to antibody are diethylenetriaminepentaacetic acid (DTPA) or ethylene diaminetetraacetic acid (EDTA).

Among the fluorescent labels contemplated for use as conjugates include Alexa 350, Alexa 430, AMCA, BODIPY 630/650, BODIPY 650/665, BODIPY-FL, BODIPY-R6G, BODIPY-TMR, BODIPY-TRX, Cascade Blue, Cy3, Cy5, 6-FAM, Fluorescein Isothiocyanate, HEX, 6-JOE, Oregon

Green 488, Oregon Green 500, Oregon Green 514, Pacific Blue, REG, Rhodamine Green, Rhodamine Red, Renografin, ROX, TAMRA, TET, Tetramethylrhodamine, and/or Texas Red.

Another type of antibody conjugates contemplated in the present invention are those intended primarily for use *in vitro*, where the antibody is linked to a secondary binding ligand and/or to an enzyme (an enzyme tag) that will generate a colored product upon contact with a chromogenic substrate. Examples of suitable enzymes include urease, alkaline phosphatase, (horseradish) hydrogen peroxidase or glucose oxidase. Preferred secondary binding ligands are biotin and avidin and streptavidin compounds. The use of such labels is well known to those of skill in the art and are described, for example, in U.S. Pat. Nos. 3,817,837, 3,850,752, 3,939,350, 3,996,345, 4,277,437, 4,275,149 and 4,366,241.

Yet another known method of site-specific attachment of molecules to antibodies comprises the reaction of antibodies with hapten-based affinity labels. Essentially, hapten-based affinity labels react with amino acids in the antigen binding site, thereby destroying this site and blocking specific antigen reaction. However, this may not be advantageous since it results in loss of antigen binding by the antibody conjugate.

Molecules containing azido groups may also be used to form covalent bonds to proteins through reactive nitrene intermediates that are generated by low intensity ultraviolet light (Potter and Haley, 1983). In particular, 2- and 8-azido analogues of purine nucleotides have been used as site-directed photoprobes to identify nucleotide binding proteins in crude cell extracts (Owens & Haley, 1987; Atherton et al., 1985). The 2- and 8-azido nucleotides have also been used to map nucleotide binding domains of purified proteins (Khatoon et al., 1989; King et al., 1989; Dholakia et al., 1989) and may be used as antibody binding agents.

Several methods are known in the art for the attachment or conjugation of an antibody to its conjugate moiety. Some attachment methods involve the use of a metal chelate complex employing, for example, an organic chelating agent such as diethylenetriaminepentaacetic acid anhydride (DTPA); ethylenetriaminetetraacetic acid; N-chloro-p-toluenesulfonamide; and/or tetrachloro-3 $\alpha$ -6 $\alpha$ -diphenylglycouril-3 attached to the antibody (U.S. Pat. Nos. 4,472,509 and 4,938,948). Monoclonal antibodies may also be reacted with an enzyme in the presence of a coupling agent such as glutaraldehyde or periodate. Conjugates with fluorescein markers are prepared in the presence of these coupling agents or by reaction with an isothiocyanate. In U.S. Pat. No. 4,938,948, imaging of breast tumors is achieved using monoclonal antibodies and the detectable imaging moieties are bound to the antibody using linkers such as methyl-p-hydroxybenzimidate or N-succinimidyl-3-(4-hydroxyphenyl)propionate.

In other embodiments, derivatization of immunoglobulins by selectively introducing sulfhydryl groups in the Fc region of an immunoglobulin, using reaction conditions that do not alter the antibody combining site are contemplated. Antibody conjugates produced according to this methodology are disclosed to exhibit improved longevity, specificity and sensitivity (U.S. Pat. No. 5,196,066, incorporated herein by reference). Site-specific attachment of effector or reporter molecules, wherein the reporter or effector molecule is conjugated to a carbohydrate residue in the Fc region have also been disclosed in the literature (O'Shannessy et al., 1987). This approach has been reported to produce diagnostically and therapeutically promising antibodies which are currently in clinical evaluation.

## V. IMMUNODETECTION METHODS

In still further embodiments, the present invention concerns immunodetection methods for binding, purifying,

removing, quantifying and otherwise generally detecting LRP5/6 and its associated antigens. While such methods can be applied in a traditional sense, another use will be in quality control and monitoring of vaccine and other virus stocks, where antibodies according to the present invention can be used to assess the amount or integrity (i.e., long term stability) of H1 antigens in viruses. Alternatively, the methods may be used to screen various antibodies for appropriate/desired reactivity profiles.

Some immunodetection methods include enzyme linked immunosorbent assay (ELISA), radioimmunoassay (RIA), immunoradiometric assay, fluoroimmunoassay, chemiluminescent assay, bioluminescent assay, and Western blot to mention a few. In particular, a competitive assay for the detection and quantitation of LRP5/6 antibodies directed to specific parasite epitopes in samples also is provided. The steps of various useful immunodetection methods have been described in the scientific literature, such as, e.g., Doolittle and Ben-Zeev (1999), Gulbis and Galand (1993), De Jager et al. (1993), and Nakamura et al. (1987). In general, the immunobinding methods include obtaining a sample suspected of containing LRP5/6, and contacting the sample with a first antibody in accordance with the present invention, as the case may be, under conditions effective to allow the formation of immunocomplexes.

These methods include methods for purifying LRP5/6 or related antigens from a sample. The antibody will preferably be linked to a solid support, such as in the form of a column matrix, and the sample suspected of containing the LRP5/6 or antigenic component will be applied to the immobilized antibody. The unwanted components will be washed from the column, leaving the LRP5/6 antigen immunocomplexed to the immobilized antibody, which is then collected by removing the organism or antigen from the column.

The immunobinding methods also include methods for detecting and quantifying the amount of LRP5/6 or related components in a sample and the detection and quantification of any immune complexes formed during the binding process. Here, one would obtain a sample suspected of containing LRP5/6 or its antigens, and contact the sample with an antibody that binds LRP5/6 or components thereof, followed by detecting and quantifying the amount of immune complexes formed under the specific conditions. In terms of antigen detection, the biological sample analyzed may be any sample that is suspected of containing LRP5/6 or LRP5/6 antigen, such as a tissue section or specimen, a homogenized tissue extract, a biological fluid, including blood and serum, or a secretion, such as feces or urine.

Contacting the chosen biological sample with the antibody under effective conditions and for a period of time sufficient to allow the formation of immune complexes (primary immune complexes) is generally a matter of simply adding the antibody composition to the sample and incubating the mixture for a period of time long enough for the antibodies to form immune complexes with, i.e., to bind to LRP5/6 or antigens present. After this time, the sample-antibody composition, such as a tissue section, ELISA plate, dot blot or Western blot, will generally be washed to remove any non-specifically bound antibody species, allowing only those antibodies specifically bound within the primary immune complexes to be detected.

In general, the detection of immunocomplex formation is well known in the art and may be achieved through the application of numerous approaches. These methods are generally based upon the detection of a label or marker, such as any of those radioactive, fluorescent, biological and enzymatic tags. Patents concerning the use of such labels include U.S. Pat.

Nos. 3,817,837, 3,850,752, 3,939,350, 3,996,345, 4,277,437, 4,275,149 and 4,366,241. Of course, one may find additional advantages through the use of a secondary binding ligand such as a second antibody and/or a biotin/avidin ligand binding arrangement, as is known in the art.

The antibody employed in the detection may itself be linked to a detectable label, wherein one would then simply detect this label, thereby allowing the amount of the primary immune complexes in the composition to be determined. Alternatively, the first antibody that becomes bound within the primary immune complexes may be detected by means of a second binding ligand that has binding affinity for the antibody. In these cases, the second binding ligand may be linked to a detectable label. The second binding ligand is itself often an antibody, which may thus be termed a "secondary" antibody. The primary immune complexes are contacted with the labeled, secondary binding ligand, or antibody, under effective conditions and for a period of time sufficient to allow the formation of secondary immune complexes. The secondary immune complexes are then generally washed to remove any non-specifically bound labeled secondary antibodies or ligands, and the remaining label in the secondary immune complexes is then detected.

Further methods include the detection of primary immune complexes by a two step approach. A second binding ligand, such as an antibody that has binding affinity for the antibody, is used to form secondary immune complexes, as described above. After washing, the secondary immune complexes are contacted with a third binding ligand or antibody that has binding affinity for the second antibody, again under effective conditions and for a period of time sufficient to allow the formation of immune complexes (tertiary immune complexes). The third ligand or antibody is linked to a detectable label, allowing detection of the tertiary immune complexes thus formed. This system may provide for signal amplification if this is desired.

One method of immunodetection uses two different antibodies. A first biotinylated antibody is used to detect the target antigen, and a second antibody is then used to detect the biotin attached to the complexed biotin. In that method, the sample to be tested is first incubated in a solution containing the first step antibody. If the target antigen is present, some of the antibody binds to the antigen to form a biotinylated antibody/antigen complex. The antibody/antigen complex is then amplified by incubation in successive solutions of streptavidin (or avidin), biotinylated DNA, and/or complementary biotinylated DNA, with each step adding additional biotin sites to the antibody/antigen complex. The amplification steps are repeated until a suitable level of amplification is achieved, at which point the sample is incubated in a solution containing the second step antibody against biotin. This second step antibody is labeled, as for example with an enzyme that can be used to detect the presence of the antibody/antigen complex by histoenzymology using a chromogen substrate. With suitable amplification, a conjugate can be produced which is macroscopically visible.

Another known method of immunodetection takes advantage of the immuno-PCR (Polymerase Chain Reaction) methodology. The PCR method is similar to the Cantor method up to the incubation with biotinylated DNA, however, instead of using multiple rounds of streptavidin and biotinylated DNA incubation, the DNA/biotin/streptavidin/antibody complex is washed out with a low pH or high salt buffer that releases the antibody. The resulting wash solution is then used to carry out a PCR reaction with suitable primers with appropriate con-



trols. At least in theory, the enormous amplification capability and specificity of PCR can be utilized to detect a single antigen molecule.

#### 1. ELISAs

Immunoassays, in their most simple and direct sense, are binding assays. Certain preferred immunoassays are the various types of enzyme linked immunosorbent assays (ELISAs) and radioimmunoassays (RIA) known in the art. Immunohistochemical detection using tissue sections is also particularly useful. However, it will be readily appreciated that detection is not limited to such techniques, and western blotting, dot blotting, FACS analyses, and the like may also be used.

In one exemplary ELISA, the antibodies of the invention are immobilized onto a selected surface exhibiting protein affinity, such as a well in a polystyrene microtiter plate. Then, a test composition suspected of containing the LRP5/6 or LRP5/6 antigen is added to the wells. After binding and washing to remove non-specifically bound immune complexes, the bound antigen may be detected. Detection may be achieved by the addition of another anti-LRP5/6 antibody that is linked to a detectable label. This type of ELISA is a simple "sandwich ELISA." Detection may also be achieved by the addition of a second anti-LRP5/6 antibody, followed by the addition of a third antibody that has binding affinity for the second antibody, with the third antibody being linked to a detectable label.

In another exemplary ELISA, the samples suspected of containing the LRP5/6 or LRP5/6 antigen are immobilized onto the well surface and then contacted with the anti-LRP5/6 antibodies of the invention. After binding and washing to remove non-specifically bound immune complexes, the bound anti-LRP5/6 antibodies are detected. Where the initial anti-LRP5/6 antibodies are linked to a detectable label, the immune complexes may be detected directly. Again, the immune complexes may be detected using a second antibody that has binding affinity for the first anti-LRP5/6 antibody, with the second antibody being linked to a detectable label.

Irrespective of the format employed, ELISAs have certain features in common, such as coating, incubating and binding, washing to remove non-specifically bound species, and detecting the bound immune complexes. These are described below.

In coating a plate with either antigen or antibody, one will generally incubate the wells of the plate with a solution of the antigen or antibody, either overnight or for a specified period of hours. The wells of the plate will then be washed to remove incompletely adsorbed material. Any remaining available surfaces of the wells are then "coated" with a nonspecific protein that is antigenically neutral with regard to the test antisera. These include bovine serum albumin (BSA), casein or solutions of milk powder. The coating allows for blocking of nonspecific adsorption sites on the immobilizing surface and thus reduces the background caused by nonspecific binding of antisera onto the surface.

In ELISAs, it is probably more customary to use a secondary or tertiary detection means rather than a direct procedure. Thus, after binding of a protein or antibody to the well, coating with a non-reactive material to reduce background, and washing to remove unbound material, the immobilizing surface is contacted with the biological sample to be tested under conditions effective to allow immune complex (antigen/antibody) formation. Detection of the immune complex then requires a labeled secondary binding ligand or antibody, and a secondary binding ligand or antibody in conjunction with a labeled tertiary antibody or a third binding ligand.

"Under conditions effective to allow immune complex (antigen/antibody) formation" means that the conditions prefer-

ably include diluting the antigens and/or antibodies with solutions such as BSA, bovine gamma globulin (BGG) or phosphate buffered saline (PBS)/Tween. These added agents also tend to assist in the reduction of nonspecific background.

The "suitable" conditions also mean that the incubation is at a temperature or for a period of time sufficient to allow effective binding. Incubation steps are typically from about 1 to 2 to 4 hours or so, at temperatures preferably on the order of 25° C. to 27° C., or may be overnight at about 4° C. or so.

Following all incubation steps in an ELISA, the contacted surface is washed so as to remove non-complexed material. A preferred washing procedure includes washing with a solution such as PBS/Tween, or borate buffer. Following the formation of specific immune complexes between the test sample and the originally bound material, and subsequent washing, the occurrence of even minute amounts of immune complexes may be determined.

To provide a detecting means, the second or third antibody will have an associated label to allow detection. Preferably, this will be an enzyme that will generate color development upon incubating with an appropriate chromogenic substrate. Thus, for example, one will desire to contact or incubate the first and second immune complex with a urease, glucose oxidase, alkaline phosphatase or hydrogen peroxidase-conjugated antibody for a period of time and under conditions that favor the development of further immune complex formation (e.g., incubation for 2 hours at room temperature in a PBS-containing solution such as PBS-Tween).

After incubation with the labeled antibody, and subsequent to washing to remove unbound material, the amount of label is quantified, e.g., by incubation with a chromogenic substrate such as urea, or bromocresol purple, or 2,2'-azino-di-(3-ethyl-benzthiazoline-6-sulfonic acid (ABTS), or H<sub>2</sub>O<sub>2</sub>, in the case of peroxidase as the enzyme label. Quantification is then achieved by measuring the degree of color generated, e.g., using a visible spectra spectrophotometer.

In another embodiment, the present invention contemplates the use of competitive formats. This is particularly useful in the detection of LRP5/6 antibodies in sample. In competition based assays, an unknown amount of analyte or antibody is determined by its ability to displace a known amount of labeled antibody or analyte. Thus, the quantifiable loss of a signal is an indication of the amount of unknown antibody or analyte in a sample.

Here, the inventors proposes the use of labeled LRP5/6 monoclonal antibodies to determine the amount of LRP5/6 antibodies in a sample. The basic format would include contacting a known amount of LRP5/6 monoclonal antibody (linked to a detectable label) with LRP5/6 antigen or particle. The LRP5/6 antigen or organism is preferably attached to a support. After binding of the labeled monoclonal antibody to the support, the sample is added and incubated under conditions permitting any unlabeled antibody in the sample to compete with, and hence displace, the labeled monoclonal antibody. By measuring either the lost label or the label remaining (and subtracting that from the original amount of bound label), one can determine how much non-labeled antibody is bound to the support, and thus how much antibody was present in the sample.

#### 2. Western Blot

The Western blot (alternatively, protein immunoblot) is an analytical technique used to detect specific proteins in a given sample of tissue homogenate or extract. It uses gel electrophoresis to separate native or denatured proteins by the length of the polypeptide (denaturing conditions) or by the 3-D structure of the protein (native/non-denaturing conditions). The proteins are then transferred to a membrane (typically



nitrocellulose or PVDF), where they are probed (detected) using antibodies specific to the target protein.

Samples may be taken from whole tissue or from cell culture. In most cases, solid tissues are first broken down mechanically using a blender (for larger sample volumes), using a homogenizer (smaller volumes), or by sonication. Cells may also be broken open by one of the above mechanical methods. However, it should be noted that bacteria, virus or environmental samples can be the source of protein and thus Western blotting is not restricted to cellular studies only. Assorted detergents, salts, and buffers may be employed to encourage lysis of cells and to solubilize proteins. Protease and phosphatase inhibitors are often added to prevent the digestion of the sample by its own enzymes. Tissue preparation is often done at cold temperatures to avoid protein denaturing.

The proteins of the sample are separated using gel electrophoresis. Separation of proteins may be by isoelectric point (pI), molecular weight, electric charge, or a combination of these factors. The nature of the separation depends on the treatment of the sample and the nature of the gel. This is a very useful way to determine a protein. It is also possible to use a two-dimensional (2-D) gel which spreads the proteins from a single sample out in two dimensions. Proteins are separated according to isoelectric point (pH at which they have neutral net charge) in the first dimension, and according to their molecular weight in the second dimension.

In order to make the proteins accessible to antibody detection, they are moved from within the gel onto a membrane made of nitrocellulose or polyvinylidene difluoride (PVDF). The membrane is placed on top of the gel, and a stack of filter papers placed on top of that. The entire stack is placed in a buffer solution which moves up the paper by capillary action, bringing the proteins with it. Another method for transferring the proteins is called electroblotting and uses an electric current to pull proteins from the gel into the PVDF or nitrocellulose membrane. The proteins move from within the gel onto the membrane while maintaining the organization they had within the gel. As a result of this blotting process, the proteins are exposed on a thin surface layer for detection (see below). Both varieties of membrane are chosen for their non-specific protein binding properties (i.e., binds all proteins equally well). Protein binding is based upon hydrophobic interactions, as well as charged interactions between the membrane and protein. Nitrocellulose membranes are cheaper than PVDF, but are far more fragile and do not stand up well to repeated problings. The uniformity and overall effectiveness of transfer of protein from the gel to the membrane can be checked by staining the membrane with Coomassie Brilliant Blue or Ponceau S dyes. Once transferred, proteins are detected using labeled primary antibodies, or unlabeled primary antibodies followed by indirect detection using labeled protein A or secondary labeled antibodies binding to the Fc region of the primary antibodies.

### 3. Immunohistochemistry

The antibodies of the present invention may also be used in conjunction with both fresh-frozen and/or formalin-fixed, paraffin-embedded tissue blocks prepared for study by immunohistochemistry (IHC). The method of preparing tissue blocks from these particulate specimens has been successfully used in previous IHC studies of various prognostic factors, and is well known to those of skill in the art (Brown et al., 1990; Abbondanzo et al., Allred et al., 1990).

Briefly, frozen-sections may be prepared by rehydrating 50 ng of frozen "pulverized" tissue at room temperature in phosphate buffered saline (PBS) in small plastic capsules; pelleting the particles by centrifugation; resuspending them in a

viscous embedding medium (OCT); inverting the capsule and/or pelleting again by centrifugation; snap-freezing in  $-70^{\circ}\text{C}$ . isopentane; cutting the plastic capsule and/or removing the frozen cylinder of tissue; securing the tissue cylinder on a cryostat microtome chuck; and/or cutting 25-50 serial sections from the capsule. Alternatively, whole frozen tissue samples may be used for serial section cuttings.

Permanent-sections may be prepared by a similar method involving rehydration of the 50 mg sample in a plastic microfuge tube; pelleting; resuspending in 10% formalin for 4 hours fixation; washing/pelleting; resuspending in warm 2.5% agar; pelleting; cooling in ice water to harden the agar; removing the tissue/agar block from the tube; infiltrating and/or embedding the block in paraffin; and/or cutting up to 50 serial permanent sections. Again, whole tissue samples may be substituted.

### 4. Immunodetection Kits

In still further embodiments, the present invention concerns immunodetection kits for use with the immunodetection methods described above. As the LRP5/6 antibodies are generally used to detect LRP5/6 or LRP5/6 antigens, the antibodies will be included in the kit. The immunodetection kits will thus comprise, in suitable container means, a first antibody that binds to LRP5/6 or LRP5/6 antigen, and optionally an immunodetection reagent.

In certain embodiments, the LRP5/6 antibody may be pre-bound to a solid support, such as a column matrix and/or well of a microtitre plate. The immunodetection reagents of the kit may take any one of a variety of forms, including those detectable labels that are associated with or linked to the given antibody. Detectable labels that are associated with or attached to a secondary binding ligand are also contemplated. Exemplary secondary ligands are those secondary antibodies that have binding affinity for the first antibody.

Further suitable immunodetection reagents for use in the present kits include the two-component reagent that comprises a secondary antibody that has binding affinity for the first antibody, along with a third antibody that has binding affinity for the second antibody, the third antibody being linked to a detectable label. As noted above, a number of exemplary labels are known in the art and all such labels may be employed in connection with the present invention.

The kits may further comprise a suitably aliquoted composition of the LRP5/6 or LRP5/6 antigens, whether labeled or unlabeled, as may be used to prepare a standard curve for a detection assay. The kits may contain antibody-label conjugates either in fully conjugated form, in the form of intermediates, or as separate moieties to be conjugated by the user of the kit. The components of the kits may be packaged either in aqueous media or in lyophilized form.

The container means of the kits will generally include at least one vial, test tube, flask, bottle, syringe or other container means, into which the antibody may be placed, or preferably, suitably aliquoted. The kits of the present invention will also typically include a means for containing the antibody, antigen, and any other reagent containers in close confinement for commercial sale. Such containers may include injection or blow-molded plastic containers into which the desired vials are retained.

## VI. EXAMPLES

The following examples are included to demonstrate preferred embodiments of the invention. It should be appreciated by those of skill in the art that the techniques disclosed in the examples which follow represent techniques discovered by the inventors to function well in the practice of the invention,

and thus can be considered to constitute preferred modes for its practice. However, those of skill in the art should, in light of the present disclosure, appreciate that many changes can be made in the specific embodiments which are disclosed and still obtain a like or similar result without departing from the spirit and scope of the invention.

### Example 1

#### Pyrvinium Inhibits Wnt Signaling

The inventors developed a biochemical assay using *Xenopus laevis* egg extract that recapitulates Axin and  $\beta$ -catenin turnover in response to addition of recombinant Wnt co-receptor (LRP6) (Cselenyi et al., 2008). In *Xenopus* egg extract,  $\beta$ -catenin is robustly degraded and Axin is stable. In the presence of LRP6, however,  $\beta$ -catenin degradation is inhibited and Axin degradation is stimulated. Using this system (with  $\beta$ -catenin fused to firefly luciferase and Axin fused to *Renilla luciferase* as reporters for protein levels), they performed a high-throughput screen to identify small molecules that reverse the effects of recombinant LRP6. The inventors identified an FDA-approved antihelminthic compound (pyrvinium) that promotes  $\beta$ -catenin degradation and inhibits Axin degradation in *Xenopus* extract. Using a TOP-flash reporter cell line (293HEK STF) in which luciferase is under the control of the TCF/Lef1 promoter, the inventors found that pyrvinium inhibits Wnt signaling with an  $IC_{50}$  of  $\sim 10$  nM in contrast to a control compound with a similar structure (Cmpd 211; FIG. 2A). Inhibition of Wnt signaling was further confirmed by real-time RT-PCR of endogenous Wnt target genes, Axin2 and c-MYC (FIG. 2B).

#### Mechanism of Pyrvinium Action.

To test whether pyrvinium acts directly on the  $\beta$ -catenin degradation complex, the inventors assembled an in vitro reaction consisting of purified GSK3, CK1 $\alpha$ , Axin, and  $\beta$ -catenin and tested the effect of pyrvinium on  $\beta$ -catenin phosphorylation, a prerequisite for its degradation. Addition of pyrvinium to this system resulted in a dramatic increase in  $\beta$ -catenin phosphorylation, including sites specific for GSK3 and CK1 $\alpha$  (FIG. 3A). Pyrvinium enhanced phosphorylation of Tau by CK1 $\alpha$ , but had no observable effect on GSK3 activity (data not shown). To demonstrate specificity for CK1 $\alpha$ , the inventors tested the capacity of pyrvinium to bind and activate representative kinases from major branches of the kinase superfamily. Of the kinases tested, they observed pyrvinium binding and activation of CK1 $\alpha$  alone (FIG. 3B). If pyrvinium inhibits Wnt signaling via activation of CK1 $\alpha$ , loss of CK1 $\alpha$  should block the effects of pyrvinium on Wnt signaling. The inventors used a cell line with reduced CK1 $\alpha$  levels due to inducible expression of shRNA against CK1 $\alpha$ . They found that, in contrast to control cells, pyrvinium failed to inhibit TOPflash activity in shRNA-CK1 $\alpha$  cells (FIG. 3C). These results indicate that the effects of pyrvinium on Wnt signaling are mediated by its activation of CK1 $\alpha$ .

#### Wnt Inhibition by Pyrvinium Promotes Advanced, Vascularized Granulation Tissue in a Murine Model.

The deposition of granulation tissue after wounding is a critical step in tissue regeneration (Inoue et al., 1998). To determine the effect of Wnt inhibition in promoting both the quantity and quality of granulation tissue deposition (Davidson et al., 1985; Li et al., 2005), the inventors implanted polyvinyl alcohol (PVA) sponge discs (isolate granulation tissue from epithelial reformation) subcutaneously beneath the ventral panniculus carnosus in adult mice. Each mouse (n=6) was implanted with four sponges and sacrificed on day 14. Each sponge was injected on day (d) 2, 4, 6 and 8, 10, and

12 with 50  $\mu$ l of the following agents reconstituted in PBS/1% albumin: Sponge 1 and 2 received 200 nM pyrvinium, sponge 3 received 200 nM Cmpd 211, and sponge 4 received vehicle alone. A range of pyrvinium doses (25-300 nM) was tested to determine the optimal dose that enhances proliferation of mesenchymal stem cells (MSCs) in vitro (data not shown). FIGS. 4A-F is a representative H&E stained section obtained from the same mouse of a sponge receiving pyrvinium or Cmpd 211. Granulation tissue from sponges treated with Cmpd 211 or vehicle (data not shown) exhibited loose, disorganized architecture. In contrast, granulation tissue from pyrvinium-treated sponges exhibited more cellularity and better tissue organization. Vascular density of the granulation tissue was greater in pyrvinium-treated sponges compared to Cmpd 211-treated sponges when histologic sections were assessed by anti-PECAM-1 staining (marks endothelial cells) (FIGS. 4C-E). Cellular proliferation of granulation tissue was assessed by immunostaining for the nuclear protein Ki-67, a marker for proliferation (FIG. 4F). Pyrvinium treatment of PVA sponges resulted in approximately 2.5-fold increase in cell proliferation of the resultant granulation tissue (FIG. 4F).

#### A Single Administration of Pyrvinium Results in Improved Cardiac Remodeling in a Murine Acute Myocardial Infarct Model.

Myocardial infarcts were induced in male C57Bl/6 mice by coronary ligation (FIG. 5) as previously described (Alfaro et al., 2008). 30 min post-ligation, the inventors injected 200 nM of pyrvinium or Cmpd 211 at the junction of viable and infarcted tissue. A large number (15) of mice treated with intracardiac pyrvinium experienced lethal toxicity and died within the first 24 hours. Animals that survived beyond the first 48 hours demonstrated similar activity and growth pattern as the control animals. Toxicity associated with pyrvinium was anticipated as IV or IP injection of pyrvinium at levels high enough to achieve Wnt-inhibitory plasma levels resulted in death within 24-48 hours in most mice.

Left coronary artery ligation produced infarcts in the anterolateral wall of the LV (FIG. 5). Ventricular remodeling and cardiac functional parameters will be assessed by echo. All four (LVIDD, LVIDS, IVSS, and IVSD) dimensional parameters (as analyzed by percentage difference between days 7 and 30 echo measurements) were smaller in the pyrvinium-treated recipients compared to those receiving Cmpd 211, providing strong support for post-injury Wnt inhibition as a means to prevent adverse chamber remodeling (FIG. 5). In particular, the percent difference between LVIDD, LVIDS were statistically significant ( $p < 0.05$ ). The data set available thus far remains small and additional numbers are necessary. The average difference in fractional shortening of pyrvinium-treated animals between days 7 and 30 was  $22.3 \pm 5.2$  vs  $15.4 \pm 8.3$  ( $p < 0.05$ ). Comparison of infarct size between the two cohorts also did not reflect any statistically significant differences (data not shown). This observation, along with the absence of functional or anatomic difference between the two cohorts at day 7, provides greater evidence that pyrvinium did not acutely affect the extent of the infarct. Because the inventors were limited to a single administration of pyrvinium after injury, they are unable to confidently assess the effect of Wnt inhibition on cardiac function/infarct size.

#### Wnt Inhibition by Pyrvinium Increases Cardiomyocyte Mitosis in the Postmitotic Myocardium.

Mammalian cardiomyocytes irreversibly withdraw from the cell cycle soon after birth and undergo terminal differentiation. DNA synthesis, karyokinesis, and cytokinesis do not occur (or occur at very low levels) in adult murine cardiomyocytes 3 weeks after birth (Beinlich and Morgan, 1993; Simpson, 1989). Therefore, cardiac injury causes permanent myocardial loss and cardiac dysfunction. The inventors tested the hypothesis that favorable remodeling mediated by pyrvinium

inimum may be through inducing mitosis of adult cardiomyocytes. Proliferation was assessed by immunostaining for Ki-67. While the numbers of Ki-67-positive cells were similar in the scar of both control Cmpd 211- and pyrvinium-treated animals, in the peri-infarct and, strikingly, in the remote myocardium, the numbers of Ki-67-positive cells were significantly higher in the pyrvinium-treated hearts (FIGS. 6A-D). Phosphorylation of histone 3 (pH3) on Ser 10 is an established cellular marker for chromosome condensation during mitotic prophase (van Amerongen and Engel, 2008). The inventors immunostained for pH3 and performed confocal microscopy to assess the effect of Wnt inhibition on the mitotic status of cardiomyocytes. pH3+ (red) cells exhibited a differentiated phenotype as indicated by striations and expression of  $\alpha$ -sarcomeric actin (green). Reconstruction of optical sections enabled us to assign pH3-positive nuclei unequivocally to cardiomyocytes (side panel). Importantly, pyrvinium did not induce myocyte proliferation in sham-operated animals that received a single intramyocardial injection into LV apex (data not shown).

#### Summary.

These data show that pyrvinium, a potent and specific small molecule inhibitor of canonical Wnt signaling, promoted better organized and vascularized granulation tissue in vivo compared to control. The inventors show that mice treated with peri-infarct intramuscular administration of pyrvinium demonstrated significantly more favorable LV remodeling 30 d post-MI compared to a control compound. Remarkably, this effect was observed after only a single dose of intramuscular administration of the Wnt inhibitor following injury. These data further suggest that the cellular basis of Wnt-inhibitor-mediated remodeling is, in part, due to induction of myocyte mitosis. These findings highlight the potential of Wnt inhibition to treat MI and the need for a safe and effective therapeutic Wnt inhibitor to better dissect the effect of Wnt inhibition on cardiac repair and regeneration.

#### Example 2

##### Development of an Anti-LRP5/6 Antibody that Acts as a Potent Inhibitor of Canonical Wnt Signaling In Vitro

Although the Wnt coreceptors, LRP5/6, are required for canonical Wnt signaling, they are not believed to be required for non-canonical signaling (Angers and Moon, 2009). In order to generate monoclonal antibodies against LRP5/6, three 15 kDa fragments encoding evolutionarily conserved domains of human LRP6 (also conserved in LRP5) were expressed and purified from bacteria. Recombinant proteins were used to inoculate BALB/c mice. Hybridoma lines were initially screened by ELISA for reactivity, and positive lines (1,500 clones) were tested for their ability to inhibit Wnt3a-mediated activation of the Wnt pathway using the TOPflash reporter cell line. Approximately 150 cell lines were identified that produced antibodies with anti-Wnt signaling activity. Nearly all of these lines were unstable, however, and failed to produce inhibitory antibodies over time. One line, mabLRP5/6, was stable and was further characterized. mabLRP5/6 was found to blocked nuclear accumulation of  $\beta$ -catenin in response to Wnt3a and to inhibit Wnt signaling with an  $IC_{50}$  ~200 pg/ml (FIG. 7; data not shown).

##### mabLRP5/6 Inhibits Canonical Wnt Signaling In Vivo and Induces Cardiomyocyte Mitosis Post-MI.

To evaluate whether mabLRP5/6 inhibits Wnt-mediated transcription in vivo, the inventors injected 3 groups of mice IV with increasing amounts of mabLRP5/6 (2.3  $\mu$ g, 4.7  $\mu$ g or 9.4  $\mu$ g, n=3 in each group) or control IgM. Mice were sacri-

ficed after 48 hours and serum and tissue samples were obtained. Plasma (50  $\mu$ l) from mice treated with 4.7 and 9.4  $\mu$ g of mabLRP5/6 (FIGS. 8A-D, only 9.4  $\mu$ g shown) inhibited Wnt signaling in the TOPflash reporter cell line (in contrast to control) at 48 and 72 hours to varying but significant degrees. To determine if IV treatment with mabLRP5/6 resulted in Wnt-inhibitory effects in heart tissue, the inventors assessed transcript levels of the Wnt target genes, Axin 2 and Cyclin D that are upregulated by canonical Wnt signaling (hence Wnt inhibition should decrease transcript levels). Heart tissues from treated animals were homogenized and total RNA isolated for real time RT-PCR analysis (Young et al., 2005). Both Axin2 and Cyclin D transcripts were downregulated ~2-fold in the hearts of mabLRP5/6-treated animals at 48 hours. The effect on Axin 2 transcript persisted at 72 hours after a single administration. To obtain evidence that mabLRP5/6 has cellular effects on post-MI myocardium, the inventors analyzed by immuno-histology paraffin-embedded sections from male mice treated with either IgM or mabLRP5/6 12 hours prior to induction of acute MI and then sacrificed 14 days later (n=1 for each condition). They identified >3-fold higher Ki-67+ and pH3+ cells in the remote LV from the mabLRP5/6-treated mouse compared to the control IgM-treated mouse (FIGS. 8C-D).

##### Preliminary Studies Show Improved Myocardial Ventricular Function and Adverse Remodeling with Post-Infarct High Dose mMABLRP5/6.

The inventors initiated studies to determine the effectiveness of mMABLRP5/6 on repair and regeneration of injured myocardium using an mouse acute myocardial infarct model. Myocardial infarcts were induced in 8-week old male C57Bl/6 mice (30-31 kg) by coronary ligation (FIG. 9) as previously described (Alfaro et al., 2008). At the time of infarction, the inventors administered 10  $\mu$ g or 20  $\mu$ g of mabLRP5/6 in 100  $\mu$ l PBS or the same amount of IgM as control, intravenously by tail vein injection. The mice received a second dose of mabLRP5/6 or control antibody 72 hours after infarct to maintain at least 50% Wnt inhibition activity in the plasma through 7 days post infarct (data not shown). Ventricular remodeling and cardiac function were analyzed by echocardiography pre-infarct and at 7 and 30 days post MI. Ventricular function was reflected by ejection fraction (EF). LV internal dimension diastolic (LVIDD) and LV internal dimension systolic (LVIDS) reflected remodeling of the infarcted ventricle (FIG. 1). The percentage difference in LVIDD between day 7 and day 30 showed a dose-dependent trend towards less adverse remodeling in animals receiving when compared with the control IgM;  $5.36 \pm 0.83$  (high dose) as compared to  $6.23 \pm 2.3$  (low dose) vs.  $10.9 \pm 5.79$  (IgM). Additionally, the percentage difference in LVIDS between day 7 and day 30 was reduced in a dose-dependent manner in animals treated with 20  $\mu$ g of mMABLRP5/6 when compared with 10  $\mu$ g dose or control IgM. During this time, EF also decreased less in the high dose mabLRP5/6-treated animals, whereas those treated with low dose or IgM control exhibited similar decrease (~6%). The data set available thus far remains too small to demonstrate statistical significance. However, these data show a dose-dependent trend in mice receiving mabLRP5/6 towards both improved ventricular function and remodeling parameters. These data look promising and support the inventors' hypothesis that pharmacologic Wnt inhibition using mabLRP5/6 prevents adverse remodeling and preserves ventricular function. Additional numbers of animals as well as histologic myocardial analysis and high-resolution visual sonics studies are pending to determine infarct size and elucidate effects of mabLRP5/6 on endogenous cellular myocardial repair.

Feasibility of isolating sufficient numbers of viable cardiomyocytes from infarct border zone as well remote myocardium post infarct. Myocardial infarction were induced in mice as described above. Infarcted mice were sacrificed 4 months later and the hearts removed for myocyte isolation. The tissue in the area around the infarct, which included 2 mm of muscle from the scar, was dissected and designated "border zone." The area distant to the infarct was designated "remote zone"; both tissues were processed to isolate viable cardiomyocytes as previously reported (Knollmann et al.; 2003). The myocyte yield was around 40% intact myocytes from the borderzone tissue, and higher (50-70%) from the remote tissue. Immunoblot for tubulin showed a significant reduction in tubulin protein in the borderzone myocytes compared to the remote myocytes (Knollmann et al.; 2003). Isolated myocytes were fixed with a solution containing paraformaldehyde (final concentration 2%), and permeabilized with Triton-X (0.01%). After that, the cells were resuspended in PBS azide and kept at 4° C. until they were imaged (FIGS. 10A-B). These data demonstrate the capability to isolate sufficient numbers of viable, adult cardiomyocytes from distinct anatomical areas following experimental infarction.

#### Summary.

These studies indicate that inhibition of Wnt signaling by injection of pyrvinium promotes better-vascularized wound repair tissue. The inventors show that administration of pyrvinium post-MI promoted left ventricular remodeling and stimulated cardiomyocyte proliferation only in infarcted hearts. Hence, Wnt signaling is likely activated in a subset of cardiomyocytes following MI. To date, there are no drugs or biologics in the clinic that inhibit the Wnt pathway. In vivo toxicity associated with currently available small molecule inhibitors (including pyrvinium) of the Wnt pathway is a major limitation in the ability to test their therapeutic potential (Chen et al., 2009; Huang et al., 2009). Thus, development of mabLRP5/6 as a potent in vivo Wnt inhibitor with minimal toxicity represents a major breakthrough. These data indicate that pretreatment with mabLRP5/6 significantly induced cardiomyocyte mitosis after infarct. The inventors thus predict that Wnt inhibition by mabLRP5/6 will enhance cardiac repair and regeneration following MI.

The inventors examined effects of antibodies on Wnt signaling activated by recombinant Wnt3a, which was added to the media, and effects of antibodies on Wnt signaling in a colorectal cancer line (SW480) that has constitutively active Wnt signaling due to a mutation in the tumor suppressor, APC. They found that antibodies were able to inhibit Wnt signaling in both cases (FIGS. 11A-B). This was unexpected because the APC mutation is downstream of the LRP6 receptor, to which the antibody is directed. This finding suggests that antibodies against LRP6 could be used to treat colorectal cancers with mutations in APC, which are found in ~80 of all colorectal cancers. As a control, the inventors have also used lithium activation, which activates the pathway downstream of the receptor and in a different manner, and the antibody does not inhibit Wnt signaling.

All of the compositions and methods disclosed and claimed herein can be made and executed without undue experimentation in light of the present disclosure. While the compositions and methods of this invention have been described in terms of preferred embodiments, it will be apparent to those of skill in the art that variations may be applied to the compositions and methods and in the steps or in the sequence of steps of the method described herein without departing from the concept, spirit and scope of the invention. More specifically, it will be apparent that certain agents which are both chemically and physiologically related may be sub-

stituted for the agents described herein while the same or similar results would be achieved. All such similar substitutes and modifications apparent to those skilled in the art are deemed to be within the spirit, scope and concept of the invention as defined by the appended claims.

#### VIII. REFERENCES

The following references, to the extent that they provide exemplary procedural or other details supplementary to those set forth herein, are specifically incorporated herein by reference.

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- U.S. Pat. No. 3,850,752
- U.S. Pat. No. 3,939,350
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- U.S. Pat. No. 4,196,265
- U.S. Pat. No. 4,275,149
- U.S. Pat. No. 4,277,437
- U.S. Pat. No. 4,366,241
- U.S. Pat. No. 4,472,509
- U.S. Pat. No. 4,554,101
- U.S. Pat. No. 4,680,338
- U.S. Pat. No. 4,816,567
- U.S. Pat. No. 4,867,973
- U.S. Pat. No. 4,938,948
- U.S. Pat. No. 5,021,236
- U.S. Pat. No. 5,141,648
- U.S. Pat. No. 5,196,066
- U.S. Pat. No. 5,563,250
- U.S. Pat. No. 5,565,332
- U.S. Pat. No. 5,739,169
- U.S. Pat. No. 5,801,005
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          20          25          30

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Ser Arg Leu Gly Ile Ser Lys Asp Asn Ser Lys Ser Gln Val Phe Leu
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gga act ggt tcc tgg ttt gct tac tgg ggc caa ggg act ctg gtc act     336
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Gly Met Ile Trp Gly Gly Gly Ser Thr Asp Tyr Asn Ser Ala Leu Lys
          50          55          60

Ser Arg Leu Gly Ile Ser Lys Asp Asn Ser Lys Ser Gln Val Phe Leu
          65          70          75          80

Lys Met Asn Ser Leu Gln Thr Asp Asp Thr Ala Met Tyr Tyr Cys Ala
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gaa act gtc acc atc aca tgt cga gca agt ggg aat att cac aat tat      96
Glu Thr Val Thr Ile Thr Cys Arg Ala Ser Gly Asn Ile His Asn Tyr
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tta gca tgg tat cag cag aaa cag gga aaa tct cct cag ctc ctg gtc     144
Leu Ala Trp Tyr Gln Gln Lys Gln Gly Lys Ser Pro Gln Leu Leu Val
           35           40           45

tat aat gca aaa acc tta gca gat ggt gtg cca tca agg ttc agt ggc     192
Tyr Asn Ala Lys Thr Leu Ala Asp Gly Val Pro Ser Arg Phe Ser Gly
           50           55           60

agt gga tca gga aca caa tat tct ctc aag atc aac agc ctg cag cct     240
Ser Gly Ser Gly Thr Gln Tyr Ser Leu Lys Ile Asn Ser Leu Gln Pro
65           70           75           80

gaa gat ttt ggg agt tat tac tgt caa cat ttt tgg agt act ccg tgg     288
Glu Asp Phe Gly Ser Tyr Tyr Cys Gln His Phe Trp Ser Thr Pro Trp
           85           90           95

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65           70           75           80

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Ser	Arg	Asp	Val	Ile	Ile	Asp	Gln	Leu	Pro	Asp	Leu	Met	Gly	Leu	Lys
			580					585					590		
Ala	Val	Asn	Val	Ala	Lys	Val	Val	Gly	Thr	Asn	Pro	Cys	Ala	Asp	Arg
		595					600					605			
Asn	Gly	Gly	Cys	Ser	His	Leu	Cys	Phe	Phe	Thr	Pro	His	Ala	Thr	Arg
	610					615					620				
Cys	Gly	Cys	Pro	Ile	Gly	Leu	Glu	Leu	Leu	Ser	Asp	Met	Lys	Thr	Cys
625					630					635					640
Ile	Val	Pro	Glu	Ala	Phe	Leu	Val	Phe	Thr	Ser	Arg	Ala	Ala	Ile	His
				645					650					655	
Arg	Ile	Ser	Leu	Glu	Thr	Asn	Asn	Asn	Asp	Val	Ala	Ile	Pro	Leu	Thr
			660					665					670		
Gly	Val	Lys	Glu	Ala	Ser	Ala	Leu	Asp	Phe	Asp	Val	Ser	Asn	Asn	His
		675					680					685			
Ile	Tyr	Trp	Thr	Asp	Val	Ser	Leu	Lys	Thr	Ile	Ser	Arg	Ala	Phe	Met
	690					695					700				
Asn	Gly	Ser	Ser	Val	Glu	His	Val	Val	Glu	Phe	Gly	Leu	Asp	Tyr	Pro
705					710					715					720
Glu	Gly	Met	Ala	Val	Asp	Trp	Met	Gly	Lys	Asn	Leu	Tyr	Trp	Ala	Asp
			725					730						735	
Thr	Gly	Thr	Asn	Arg	Ile	Glu	Val	Ala	Arg	Leu	Asp	Gly	Gln	Phe	Arg
			740					745					750		
Gln	Val	Leu	Val	Trp	Arg	Asp	Leu	Asp	Asn	Pro	Arg	Ser	Leu	Ala	Leu
		755					760					765			
Asp	Pro	Thr	Lys	Gly	Tyr	Ile	Tyr	Trp	Thr	Glu	Trp	Gly	Gly	Lys	Pro
	770					775					780				
Arg	Ile	Val	Arg	Ala	Phe	Met	Asp	Gly	Thr	Asn	Cys	Met	Thr	Leu	Val
785					790					795					800
Asp	Lys	Val	Gly	Arg	Ala	Asn	Asp	Leu	Thr	Ile	Asp	Tyr	Ala	Asp	Gln
			805						810					815	
Arg	Leu	Tyr	Trp	Thr	Asp	Leu	Asp	Thr	Asn	Met	Ile	Glu	Ser	Ser	Asn
			820					825					830		

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900						905					910				
Cys	Gly	Gln	Leu	Cys	Leu	Ala	Ile	Pro	Gly	Gly	His	Arg	Cys	Gly	Cys
		915					920					925			
Ala	Ser	His	Tyr	Thr	Leu	Asp	Pro	Ser	Ser	Arg	Asn	Cys	Ser	Pro	Pro
	930					935					940				
Thr	Thr	Phe	Leu	Leu	Phe	Ser	Gln	Lys	Ser	Ala	Ile	Ser	Arg	Met	Ile
	945				950					955					960
Pro	Asp	Asp	Gln	His	Ser	Pro	Asp	Leu	Ile	Leu	Pro	Leu	His	Gly	Leu
			965					970						975	
Arg	Asn	Val	Lys	Ala	Ile	Asp	Tyr	Asp	Pro	Leu	Asp	Lys	Phe	Ile	Tyr
		980						985					990		
Trp	Val	Asp	Gly	Arg	Gln	Asn	Ile	Lys	Arg	Ala	Lys	Asp	Asp	Gly	Thr
	995					1000						1005			
Gln	Pro	Phe	Val	Leu	Thr	Ser	Leu	Ser	Gln	Gly	Gln	Asn	Pro	Asp	
	1010					1015					1020				
Arg	Gln	Pro	His	Asp	Leu	Ser	Ile	Asp	Ile	Tyr	Ser	Arg	Thr	Leu	
	1025					1030					1035				
Phe	Trp	Thr	Cys	Glu	Ala	Thr	Asn	Thr	Ile	Asn	Val	His	Arg	Leu	
	1040					1045					1050				
Ser	Gly	Glu	Ala	Met	Gly	Val	Val	Leu	Arg	Gly	Asp	Arg	Asp	Lys	
	1055					1060					1065				
Pro	Arg	Ala	Ile	Val	Val	Asn	Ala	Glu	Arg	Gly	Tyr	Leu	Tyr	Phe	
	1070					1075					1080				
Thr	Asn	Met	Gln	Asp	Arg	Ala	Ala	Lys	Ile	Glu	Arg	Ala	Ala	Leu	
	1085					1090					1095				
Asp	Gly	Thr	Glu	Arg	Glu	Val	Leu	Phe	Thr	Thr	Gly	Leu	Ile	Arg	
	1100					1105					1110				
Pro	Val	Ala	Leu	Val	Val	Asp	Asn	Thr	Leu	Gly	Lys	Leu	Phe	Trp	
	1115					1120					1125				
Val	Asp	Ala	Asp	Leu	Lys	Arg	Ile	Glu	Ser	Cys	Asp	Leu	Ser	Gly	
	1130					1135					1140				
Ala	Asn	Arg	Leu	Thr	Leu	Glu	Asp	Ala	Asn	Ile	Val	Gln	Pro	Leu	
	1145					1150					1155				
Gly	Leu	Thr	Ile	Leu	Gly	Lys	His	Leu	Tyr	Trp	Ile	Asp	Arg	Gln	
	1160					1165					1170				
Gln	Gln	Met	Ile	Glu	Arg	Val	Glu	Lys	Thr	Thr	Gly	Asp	Lys	Arg	
	1175					1180					1185				
Thr	Arg	Ile	Gln	Gly	Arg	Val	Ala	His	Leu	Thr	Gly	Ile	His	Ala	
	1190					1195					1200				
Val	Glu	Glu	Val	Ser	Leu	Glu	Glu	Phe	Ser	Ala	His	Pro	Cys	Ala	
	1205					1210					1215				
Arg	Asp	Asn	Gly	Gly	Cys	Ser	His	Ile	Cys	Ile	Ala	Lys	Gly	Asp	
	1220					1225					1230				
Gly	Thr	Pro	Arg	Cys	Ser	Cys	Pro	Val	His	Leu	Val	Leu	Leu	Gln	
	1235					1240					1245				
Asn	Leu	Leu	Thr	Cys	Gly	Glu	Pro	Pro	Thr	Cys	Ser	Pro	Asp	Gln	
	1250					1255					1260				
Phe	Ala	Cys	Ala	Thr	Gly	Glu	Ile	Asp	Cys	Ile	Pro	Gly	Ala	Trp	
	1265					1270					1275				
Arg	Cys	Asp	Gly	Phe	Pro	Glu	Cys	Asp	Asp	Gln	Ser	Asp	Glu	Glu	
	1280					1285					1290				
Gly	Cys	Pro	Val	Cys	Ser	Ala	Ala	Gln	Phe	Pro	Cys	Ala	Arg	Gly	
	1295					1300					1305				

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Gln Cys	Val Asp	Leu Arg	Leu	Arg Cys	Asp Gly	Glu	Ala Asp	Cys	
1310			1315			1320			
Gln Asp	Arg Ser	Asp Glu	Ala	Asp Cys	Asp Ala	Ile	Cys Leu	Pro	
1325			1330			1335			
Asn Gln	Phe Arg	Cys Ala	Ser	Gly Gln	Cys Val	Leu	Ile Lys	Gln	
1340			1345			1350			
Gln Cys	Asp Ser	Phe Pro	Asp	Cys Ile	Asp Gly	Ser	Asp Glu	Leu	
1355			1360			1365			
Met Cys	Glu Ile	Thr Lys	Pro	Pro Ser	Asp Asp	Ser	Pro Ala	His	
1370			1375			1380			
Ser Ser	Ala Ile	Gly Pro	Val	Ile Gly	Ile Ile	Leu	Ser Leu	Phe	
1385			1390			1395			
Val Met	Gly Gly	Val Tyr	Phe	Val Cys	Gln Arg	Val	Val Cys	Gln	
1400			1405			1410			
Arg Tyr	Ala Gly	Ala Asn	Gly	Pro Phe	Pro His	Glu	Tyr Val	Ser	
1415			1420			1425			
Gly Thr	Pro His	Val Pro	Leu	Asn Phe	Ile Ala	Pro	Gly Gly	Ser	
1430			1435			1440			
Gln His	Gly Pro	Phe Thr	Gly	Ile Ala	Cys Gly	Lys	Ser Met	Met	
1445			1450			1455			
Ser Ser	Val Ser	Leu Met	Gly	Gly Arg	Gly Gly	Val	Pro Leu	Tyr	
1460			1465			1470			
Asp Arg	Asn His	Val Thr	Gly	Ala Ser	Ser Ser	Ser	Ser Ser	Ser	
1475			1480			1485			
Thr Lys	Ala Thr	Leu Tyr	Pro	Pro Ile	Leu Asn	Pro	Pro Pro	Ser	
1490			1495			1500			
Pro Ala	Thr Asp	Pro Ser	Leu	Tyr Asn	Met Asp	Met	Phe Tyr	Ser	
1505			1510			1515			
Ser Asn	Ile Pro	Ala Thr	Ala	Arg Pro	Tyr Arg	Pro	Tyr Ile	Ile	
1520			1525			1530			
Arg Gly	Met Ala	Pro Pro	Thr	Thr Pro	Cys Ser	Thr	Asp Val	Cys	
1535			1540			1545			
Asp Ser	Asp Tyr	Ser Ala	Ser	Arg Trp	Lys Ala	Ser	Lys Tyr	Tyr	
1550			1555			1560			
Leu Asp	Leu Asn	Ser Asp	Ser	Asp Pro	Tyr Pro	Pro	Pro Pro	Thr	
1565			1570			1575			
Pro His	Ser Gln	Tyr Leu	Ser	Ala Glu	Asp Ser	Cys	Pro Pro	Ser	
1580			1585			1590			
Pro Ala	Thr Glu	Arg Ser	Tyr	Phe His	Leu Phe	Pro	Pro Pro	Pro	
1595			1600			1605			
Ser Pro	Cys Thr	Asp Ser	Ser						
1610			1615						

&lt;210&gt; SEQ ID NO 6

&lt;211&gt; LENGTH: 1613

&lt;212&gt; TYPE: PRT

&lt;213&gt; ORGANISM: Homo sapiens

&lt;400&gt; SEQUENCE: 6

Met Gly	Ala Val	Leu Arg	Ser Leu	Leu Ala	Cys Ser	Phe Cys	Val Leu
1		5		10		15	

Leu Arg	Ala Ala	Pro Leu	Leu Leu	Tyr Ala	Asn Arg	Arg Asp	Leu Arg
	20		25		30		

Leu Val	Asp Ala	Thr Asn	Gly Lys	Glu Asn	Ala Thr	Ile Val	Val Gly
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35	40	45
Gly Leu Glu Asp Ala Ala	Ala Val Asp Phe Val	Phe Ser His Gly Leu
50	55	60
Ile Tyr Trp Ser Asp Val	Ser Glu Glu Ala Ile	Lys Arg Thr Glu Phe
65	70	75
Asn Lys Thr Glu Ser Val	Gln Asn Val Val Val	Ser Gly Leu Leu Ser
	85	90
Pro Asp Gly Leu Ala Cys	Asp Trp Leu Gly Glu	Lys Leu Tyr Trp Thr
	100	105
Asp Ser Glu Thr Asn Arg	Ile Glu Val Ser Asn	Leu Asp Gly Ser Leu
	115	120
Arg Lys Val Leu Phe Trp	Gln Glu Leu Asp Gln	Pro Arg Ala Ile Ala
	130	135
Leu Asp Pro Ser Ser Gly	Phe Met Tyr Trp Thr	Asp Trp Gly Glu Val
	145	150
Pro Lys Ile Glu Arg Ala	Gly Met Asp Gly Ser	Ser Arg Phe Ile Ile
	165	170
Ile Asn Ser Glu Ile Tyr	Trp Pro Asn Gly Leu	Thr Leu Asp Tyr Glu
	180	185
Glu Gln Lys Leu Tyr Trp	Ala Asp Ala Lys Leu	Asn Phe Ile His Lys
	195	200
Ser Asn Leu Asp Gly Thr	Asn Arg Gln Ala Val	Val Lys Gly Ser Leu
	210	215
Pro His Pro Phe Ala Leu	Thr Leu Phe Glu Asp	Ile Leu Tyr Trp Thr
	225	230
Asp Trp Ser Thr His Ser	Ile Leu Ala Cys Asn	Lys Tyr Thr Gly Glu
	245	250
Gly Leu Arg Glu Ile His	Ser Asp Ile Phe Ser	Pro Met Asp Ile His
	260	265
Ala Phe Ser Gln Gln Arg	Gln Pro Asn Ala Thr	Asn Pro Cys Gly Ile
	275	280
Asp Asn Gly Gly Cys Ser	His Leu Cys Leu Met	Ser Pro Val Lys Pro
	290	295
Phe Tyr Gln Cys Ala Cys	Pro Thr Gly Val Lys	Leu Leu Glu Asn Gly
	305	310
Lys Thr Cys Lys Asp Gly	Ala Thr Glu Leu Leu	Leu Leu Ala Arg Arg
	325	330
Thr Asp Leu Arg Arg Ile	Ser Leu Asp Thr Pro	Asp Phe Thr Asp Ile
	340	345
Val Leu Gln Leu Glu Asp	Ile Arg His Ala Ile	Ala Ile Asp Tyr Asp
	355	360
Pro Val Glu Gly Tyr Ile	Tyr Trp Thr Asp Asp	Glu Val Arg Ala Ile
	370	375
Arg Arg Ser Phe Ile Asp	Gly Ser Gly Ser Gln	Phe Val Val Thr Ala
	385	390
Gln Ile Ala His Pro Asp	Gly Ile Ala Val Asp	Trp Val Ala Arg Asn
	405	410
Leu Tyr Trp Thr Asp Thr	Gly Thr Asp Arg Ile	Glu Val Thr Arg Leu
	420	425
Asn Gly Thr Met Arg Lys	Ile Leu Ile Ser Glu	Asp Leu Glu Glu Pro
	435	440
Arg Ala Ile Val Leu Asp	Pro Met Val Gly Tyr	Met Tyr Trp Thr Asp
	450	455

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Trp 465	Gly	Glu	Ile	Pro	Lys 470	Ile	Glu	Arg	Ala	Ala 475	Leu	Asp	Gly	Ser	Asp 480
Arg	Val	Val	Leu 485	Val	Asn	Thr	Ser	Leu	Gly 490	Trp	Pro	Asn	Gly	Leu 495	Ala
Leu	Asp	Tyr	Asp 500	Glu	Gly	Lys	Ile	Tyr 505	Trp	Gly	Asp	Ala	Lys 510	Thr	Asp
Lys	Ile	Glu	Val 515	Met	Asn	Thr	Asp 520	Gly	Thr	Gly	Arg	Arg 525	Val	Leu	Val
Glu	Asp	Lys	Ile 530	Pro	His	Ile 535	Phe	Gly	Phe	Thr	Leu 540	Leu	Gly	Asp	Tyr
Val 545	Tyr	Trp	Thr	Asp	Trp 550	Gln	Arg	Arg	Ser	Ile 555	Glu	Arg	Val	His	Lys 560
Arg	Ser	Ala	Glu 565	Arg	Glu	Val	Ile	Ile	Asp 570	Gln	Leu	Pro	Asp	Leu 575	Met
Gly	Leu	Lys	Ala 580	Thr	Asn	Val	His	Arg 585	Val	Ile	Gly	Ser	Asn 590	Pro	Cys
Ala	Glu	Glu	Asn 595	Gly	Gly	Cys	Ser	His 600	Leu	Cys	Leu	Tyr 605	Arg	Pro	Gln
Gly	Leu	Arg	Cys 610	Ala	Cys 615	Pro	Ile	Gly	Phe	Glu	Leu 620	Ile	Ser	Asp	Met
Lys 625	Thr	Cys	Ile	Val	Pro 630	Glu	Ala	Phe	Leu	Leu 635	Phe	Ser	Arg	Arg	Ala 640
Asp	Ile	Arg	Arg 645	Ile	Ser	Leu	Glu	Thr	Asn 650	Asn	Asn	Asn	Val	Ala 655	Ile
Pro	Leu	Thr	Gly 660	Val	Lys	Glu	Ala	Ser 665	Ala	Leu	Asp	Phe 670	Asp	Val	Thr
Asp	Asn	Arg	Ile 675	Tyr	Trp	Thr	Asp 680	Ile	Ser	Leu	Lys	Thr 685	Ile	Ser	Arg
Ala 690	Phe	Met	Asn	Gly	Ser 695	Ala	Leu	Glu	His	Val 700	Val	Glu	Phe	Gly	Leu
Asp 705	Tyr	Pro	Glu	Gly	Met 710	Ala	Val	Asp	Trp	Leu 715	Gly	Lys	Asn	Leu	Tyr 720
Trp	Ala	Asp	Thr 725	Gly	Thr	Asn	Arg	Ile	Glu 730	Val	Ser	Lys	Leu	Asp 735	Gly
Gln	His	Arg	Gln 740	Val	Leu	Val	Trp	Lys 745	Asp	Leu	Asp	Ser	Pro 750	Arg	Ala
Leu	Ala	Leu	Asp 755	Pro	Ala	Glu	Gly 760	Phe	Met	Tyr	Trp	Thr 765	Glu	Trp	Gly
Gly 770	Lys	Pro	Lys	Ile	Asp 775	Arg	Ala	Ala	Met	Asp 780	Gly	Ser	Glu	Arg	Thr
Thr 785	Leu	Val	Pro	Asn	Val 790	Gly	Arg	Ala	Asn 795	Gly	Leu	Thr	Ile	Asp	Tyr 800
Ala	Lys	Arg	Arg 805	Leu	Tyr	Trp	Thr	Asp 810	Leu	Asp	Thr	Asn	Leu 815	Ile	Glu
Ser	Ser	Asn	Met 820	Leu	Gly	Leu	Asn	Arg 825	Glu	Val	Ile	Ala	Asp 830	Asp	Leu
Pro	His	Pro 835	Phe	Gly	Leu	Thr	Gln 840	Tyr	Gln	Asp	Tyr	Ile 845	Tyr	Trp	Thr
Asp 850	Trp	Ser	Arg	Arg	Ser 855	Ile	Glu	Arg	Ala	Asn 860	Lys	Thr	Ser	Gly	Gln
Asn 865	Arg	Thr	Ile	Ile	Gln 870	Gly	His	Leu	Asp 875	Tyr	Val	Met	Asp	Ile	Leu 880

Val	Phe	His	Ser	Ser	Arg	Gln	Ser	Gly	Trp	Asn	Glu	Cys	Ala	Ser	Ser	
				885					890					895		
Asn	Gly	His	Cys	Ser	His	Leu	Cys	Leu	Ala	Val	Pro	Val	Gly	Gly	Phe	
			900					905					910			
Val	Cys	Gly	Cys	Pro	Ala	His	Tyr	Ser	Leu	Asn	Ala	Asp	Asn	Arg	Thr	
			915				920					925				
Cys	Ser	Ala	Pro	Thr	Thr	Phe	Leu	Leu	Phe	Ser	Gln	Lys	Ser	Ala	Ile	
						935					940					
Asn	Arg	Met	Val	Ile	Asp	Glu	Gln	Gln	Ser	Pro	Asp	Ile	Ile	Leu	Pro	
945					950					955					960	
Ile	His	Ser	Leu	Arg	Asn	Val	Arg	Ala	Ile	Asp	Tyr	Asp	Pro	Leu	Asp	
				965					970					975		
Lys	Gln	Leu	Tyr	Trp	Ile	Asp	Ser	Arg	Gln	Asn	Met	Ile	Arg	Lys	Ala	
			980					985					990			
Gln	Glu	Asp	Gly	Ser	Gln	Gly	Phe	Thr	Val	Val	Val	Ser	Ser	Val	Pro	
			995				1000					1005				
Ser	Gln	Asn	Leu	Glu	Ile	Gln	Pro	Tyr	Asp	Leu	Ser	Ile	Asp	Ile		
			1010			1015					1020					
Tyr	Ser	Arg	Tyr	Ile	Tyr	Trp	Thr	Cys	Glu	Ala	Thr	Asn	Val	Ile		
			1025			1030					1035					
Asn	Val	Thr	Arg	Leu	Asp	Gly	Arg	Ser	Val	Gly	Val	Val	Leu	Lys		
			1040			1045					1050					
Gly	Glu	Gln	Asp	Arg	Pro	Arg	Ala	Val	Val	Val	Asn	Pro	Glu	Lys		
			1055			1060					1065					
Gly	Tyr	Met	Tyr	Phe	Thr	Asn	Leu	Gln	Glu	Arg	Ser	Pro	Lys	Ile		
			1070			1075					1080					
Glu	Arg	Ala	Ala	Leu	Asp	Gly	Thr	Glu	Arg	Glu	Val	Leu	Phe	Phe		
			1085			1090					1095					
Ser	Gly	Leu	Ser	Lys	Pro	Ile	Ala	Leu	Ala	Leu	Asp	Ser	Arg	Leu		
			1100			1105					1110					
Gly	Lys	Leu	Phe	Trp	Ala	Asp	Ser	Asp	Leu	Arg	Arg	Ile	Glu	Ser		
			1115			1120					1125					
Ser	Asp	Leu	Ser	Gly	Ala	Asn	Arg	Ile	Val	Leu	Glu	Asp	Ser	Asn		
			1130			1135					1140					
Ile	Leu	Gln	Pro	Val	Gly	Leu	Thr	Val	Phe	Glu	Asn	Trp	Leu	Tyr		
			1145			1150					1155					
Trp	Ile	Asp	Lys	Gln	Gln	Gln	Met	Ile	Glu	Lys	Ile	Asp	Met	Thr		
			1160			1165					1170					
Gly	Arg	Glu	Gly	Arg	Thr	Lys	Val	Gln	Ala	Arg	Ile	Ala	Gln	Leu		
			1175			1180					1185					
Ser	Asp	Ile	His	Ala	Val	Lys	Glu	Leu	Asn	Leu	Gln	Glu	Tyr	Arg		
			1190			1195					1200					
Gln	His	Pro	Cys	Ala	Gln											

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1280	1285	1290
Gln Cys Ala Ser Gly Gln Cys Ile Asp Gly Ala Leu Arg Cys Asn		
1295	1300	1305
Gly Asp Ala Asn Cys Gln Asp Lys Ser Asp Glu Lys Asn Cys Glu		
1310	1315	1320
Val Leu Cys Leu Ile Asp Gln Phe Arg Cys Ala Asn Gly Gln Cys		
1325	1330	1335
Ile Gly Lys His Lys Lys Cys Asp His Asn Val Asp Cys Ser Asp		
1340	1345	1350
Lys Ser Asp Glu Leu Asp Cys Tyr Pro Thr Glu Glu Pro Ala Pro		
1355	1360	1365
Gln Ala Thr Asn Thr Val Gly Ser Val Ile Gly Val Ile Val Thr		
1370	1375	1380
Ile Phe Val Ser Gly Thr Val Tyr Phe Ile Cys Gln Arg Met Leu		
1385	1390	1395
Cys Pro Arg Met Lys Gly Asp Gly Glu Thr Met Thr Asn Asp Tyr		
1400	1405	1410
Val Val His Gly Pro Ala Ser Val Pro Leu Gly Tyr Val Pro His		
1415	1420	1425
Pro Ser Ser Leu Ser Gly Ser Leu Pro Gly Met Ser Arg Gly Lys		
1430	1435	1440
Ser Met Ile Ser Ser Leu Ser Ile Met Gly Gly Ser Ser Gly Pro		
1445	1450	1455
Pro Tyr Asp Arg Ala His Val Thr Gly Ala Ser Ser Ser Ser Ser		
1460	1465	1470
Ser Ser Thr Lys Gly Thr Tyr Phe Pro Ala Ile Leu Asn Pro Pro		
1475	1480	1485
Pro Ser Pro Ala Thr Glu Arg Ser His Tyr Thr Met Glu Phe Gly		
1490	1495	1500
Tyr Ser Ser Asn Ser Pro Ser Thr His Arg Ser Tyr Ser Tyr Arg		
1505	1510	1515
Pro Tyr Ser Tyr Arg His Phe Ala Pro Pro Thr Thr Pro Cys Ser		
1520	1525	1530
Thr Asp Val Cys Asp Ser Asp Tyr Ala Pro Ser Arg Arg Met Thr		
1535	1540	1545
Ser Val Ala Thr Ala Lys Gly Tyr Thr Ser Asp Leu Asn Tyr Asp		
1550	1555	1560
Ser Glu Pro Val Pro Pro Pro Pro Thr Pro Arg Ser Gln Tyr Leu		
1565	1570	1575
Ser Ala Glu Glu Asn Tyr Glu Ser Cys Pro Pro Ser Pro Tyr Thr		
1580	1585	1590
Glu Arg Ser Tyr Ser His His Leu Tyr Pro Pro Pro Pro Ser Pro		
1595	1600	1605
Cys Thr Asp Ser Ser		
1610		

&lt;210&gt; SEQ ID NO 7

&lt;211&gt; LENGTH: 5161

&lt;212&gt; TYPE: DNA

&lt;213&gt; ORGANISM: Homo sapiens

&lt;400&gt; SEQUENCE: 7

cgcgcgagga gccgccgcgc ccgcgccatg gagcccgagt gagecgggcg cgggcccgtc 60

cggccgcgcg acaacatgga ggcagcgccg cccggggccgc cgtggccgct gctgctgctg 120

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ctgctgctgc	tgtgtggcgt	gtgcggctgc	cgggccccg	cgcgggcctc	gcgctcctg	180
ctatttgcca	accgccggga	cgtacggctg	gtggacgccg	gcggagtcaa	gctggagtcc	240
accatcgtgg	tcagcggcct	ggaggatgcg	gccgcagtgg	acttcagtt	ttccaaggga	300
gccgtgtact	ggacagacgt	gagcggaggag	gccatcaagc	agacctacct	gaaccagacg	360
ggggccgcgc	tgcagaacgt	ggtcattctc	ggcctggctc	ctcccgacgg	cctcgccctgc	420
gactgggtgg	gcaagaagct	gtactggacg	gactcagaga	ccaaccgcat	cgagggtggc	480
aacctcaatg	gcacatcccg	gaagggtgctc	ttctggcagg	accttgacca	gccgagggcc	540
atcgcccttg	accccgctca	cgggtacatg	tactggacag	actggggtga	gacgccccgg	600
attgagcggg	cagggatgga	tggcagcacc	cgaagatca	ttgtggactc	ggacatttac	660
tggcccaatg	gactgaccat	cgaacctggag	gagcagaagc	tctactgggc	tgacgccaa	720
ctcagcttca	tccaccgtgc	caacctggac	ggctcgttcc	ggcagaaggt	ggtggagggc	780
agcctgacgc	accccttcgc	cctgacgctc	tccggggaca	ctctgtactg	gacagactgg	840
cagacccgct	ccatccatgc	ctgcaacaag	cgcactgggg	ggaagaggaa	ggagatcctg	900
agtgccctct	actcaccocat	ggacatccag	gtgctgagcc	aggagcggca	gcctttcttc	960
cacactcgct	gtgaggagga	caatggcggc	tgtccccacc	tgtgcctgct	gtccccaagc	1020
gagcctttct	acacatgcgc	ctgccccacg	ggtgtgcagc	tgcaggacaa	cggcaggacg	1080
tgtaaaggcag	gagccgagga	ggtgctgctg	ctggccccgc	ggacggacct	acggaggatc	1140
tcgctggaca	cgcgggactt	caccgacatc	gtgctgcagg	tggacgacat	ccggcacgcc	1200
attgccatcg	actacgaccc	gctagagggc	tatgtctact	ggacagatga	cgagggtcgg	1260
gccatccgca	gggcgtacct	ggacgggtct	ggggcgcaga	cgctggtcaa	caccgagatc	1320
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agctcttaat	aaatgtgtgg	tgcttaagtc	tacatatggc	atccatagtt	gatttagagt	8760
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taaaaaaa	10088

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What is claimed is:

1. A method of inhibiting Wnt signaling in a cancer cell with a defect in Adenomatous polyposis coli tumor suppressor (APC) expression or activity comprising contacting said cancer cell with an antibody that binds to low density lipoprotein receptor-related protein 5 and/or 6 (LRP5/6) and has heavy chain complementarity determining regions from SEQ ID NO: 2 and light chain complementarity determining regions from SEQ ID NO: 4.

2. The method of claim 1, wherein the antibody is a monoclonal antibody.

3. The method of claim 2, wherein the monoclonal antibody is a humanized antibody.

4. The method of claim 1, wherein the cancer cell is a multi-drug resistant cell.

5. The method of claim 1, wherein the cancer cell has a mutation in APC.

6. The method of claim 5, wherein the cancer cell is a lung cancer cell or a colorectal cancer cell.

7. The method of claim 1, wherein the antibody has a heavy chain sequence of SEQ ID NO: 2 and a light chain sequence of SEQ ID NO: 4.

8. The method of claim 1, wherein said antibody is contacted more than once.

9. The method of claim 1, wherein said cancer cell is located in an animal subject.

10. The method of claim 9, wherein said antibody is administered to said subject by intravenous, intraarterial, or intratumoral administration.

11. The method of claim 9, wherein the subject suffers from recurrent cancer.

12. The method of claim 9, wherein the subject suffers from metastatic cancer.

13. The method of claim 9, wherein the subject suffers from sarcoma, colorectal cancer, gastric cancer, breast cancer, liver cancer, lymphoma, cervical cancer, uterine cancer, prostate cancer, lung cancer or melanoma.

14. The method of claim 9, further comprising administering to said subject a second anti-cancer therapy.

15. The method of claim 14, wherein the second anti-cancer therapy is a chemotherapeutic, a radiotherapeutic, hormone therapy, toxin therapy, or immunotherapy.

16. The method of claim 14, wherein the second anti-cancer therapy is administered at the same time as said antibody.

17. The method of claim 14, wherein the second anti-cancer therapy is administered before and/or after the antibody.

18. The method of claim 9, wherein said method achieves one or more therapeutic endpoints selected from the group consisting of increased life span, improved stamina, improved quality of life, reduced hospital stay duration and frequency.

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